## L22000184212

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S. ROBERTS
JUN 2 3 2023

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

0 - 1 - 1 - 1 - 2	RRACE, LLC  Name of Lim	ited Liability Company	<del></del>
		, ,	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SABINA RAFALOVICH		
		Name of Person	<del></del>
		Firm/Company	
	11 WHITMAN DR		
	BROOKLYN, NY 11234	Address	
	SABINARAFALOVICH@	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information cor	neerning this matter, please ca	-	,
SABINA RAFALOVICH		917 232-6599 at ()	
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Se Division of Cor The Centre of To	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NW 9TH TERRACE, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/18/2022	and assigned
Florida document number L22000184212		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ELIEVEN 2813 LLC		202:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation."L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)	11 WHITMAN DR	<del>-</del> :
	BROOKLYN, NY 11234	- ·
Enter new mailing address, if applicable:	11 Whitman D	
(Mailing address MAY BE A POST OFFICE BOX)	Busitman Dr Busichyn Myll	.34
	, ,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T7F + I_	
<del></del>	, Florida _ ,	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	🗀 Remove
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ective date, if oth	ner than the date of filing: (optional) add, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
effective date is liste e: If the date inser	ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 rted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	date on the Department of State's records.
cord specifies a del s filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
incu.	
April 27	. 7 2023
	Signature of a member or authorized representative of a member
SABINA R	RAFALÓVICH
	Typed or printed name of signee