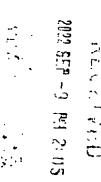
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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #	#)
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(E	Business Entity Name)
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Certified Copies	Certificates o	of Status
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DATE:

09/09/22

NAME: 1255 NE 110 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:	10 LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	William Mcclean		
		Name of Person	
	1255 NE 110 LLC		
		Firm/Company	
	9499 COLLINS AVE UN	IT 911	
		Address	
	SURFSIDE, FL 33154		
		City/State and Zip Code	
	legal@bmbuildings.com	to be used for future annual report notif	instian)
For further information of	concerning this matter, please c	·	(Cadon)
William Mcclean	•	530 3682284	
		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Name o	of Person	Area Code Daytime	: Telephone Number
		Area Code Daytime	Telephone Number
Name of Part of the Section of the S		Area Code Daytime \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Enclosed is a check for t	he following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status Certified Copy
Enclosed is a check for t \$25.00 Filing Fee Mailing Address	he following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address:	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose
Enclosed is a check for t	he following amount: \$30.00 Filing Fee & Certificate of Status Section	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Enclosed is a check for t \$25.00 Filing Fee Mailing Address Registration	he following amount: \$30.00 Filing Fee & Certificate of Status Section Corporations 27	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Sec Division of Corp	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

1255 NE 110 LLC

2022 SEP -9 AM 8: 40

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	rail allahaa
The Articles of Organization for this Limited Liability Companification for the Liability		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, en	ter the name of the new register
New Registered Office Address:		
	Enter Florida street aa	dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and agent or ovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. e performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
If Cha	inging Registered Agent, Signatu	re 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	<u>Address</u>	Type of Action
MGR	Ilya Bezrukikh	9499 Collins Ave Unit 911 Surfside, FL 33154	□Add
			□Remove
			🗏 Change
			🗆 Add
			□ Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	Change
			DAdd
			□ Remove
			□ Change

Need to change the Title MGR Eli Bezruk to Ilya Bezrukikh it was	incorrectly spelled.	
		<u> </u>
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	<u>-</u>	<u> </u>
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fective date, if other than the date of filing:	(opti	ional)
n effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days afte	r filing.) Pursuant to 605.03
<u>ote:</u> If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	ory ming requirements, the	is date will not be listed
•		
ecord specifies a delayed effective date, but not an effective time, at 12:0)) a monthe earlier of: (i	h). The 90th day after t
is filed.	or a.m. on the carner or. (o) The sources after t
09/08/22		
ted	,	
	1. 1115	
4 H		
Signature of a member or authorized repres	sentative of a member	

Filing Fee: \$25.00