

# L22000198540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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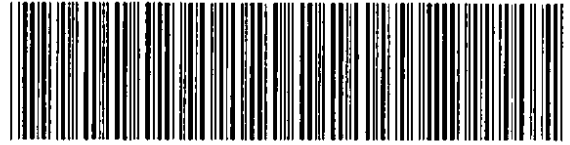
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5119 VENTURA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLISON RODGERS

Name of Person

Firm/Company

16763 CROWN BRIDGE DR

Address

DELRAY BEACH FL 33446

City/State and Zip Code

MRSASHKINAZI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

REC'D  
JAN 17 PM 8:25  
CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

ARTHUR ASHKINAZI

818 399-3684

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

5119 VENTURA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 26, 2022 and assigned  
Florida document number L22000198540.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

5233 BELAND LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

16763 CROWN BRIDGE DR

DELRAY BEACH FL 33446

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

16763 CROWN BRIDGE DR

DELRAY BEACH FL 33446

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ALLISON RODGERS

New Registered Office Address:

16763 CROWN BRIDGE DR

*Enter Florida street address*

DELRAY BEACH

*City*

Florida 33446

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLISON RODGERS	16763 CROWN BRIDGE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARTHUR ASHKINAZI	16763 CROWN BRIDGE DELRAY BEACH FL 33444	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
DEPARTMENT OF  
TRANSPORTATION  
Tallahassee, FL  
JUL 19 2018  
PM 6:25

2023 JUN 17 PM 8:25  
CLERK OF STATE  
TALLAHASSEE, FL

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SPASSEE FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**