L22000201656

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DATE:

06/23/22

NAME: 1244 NW 45 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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	gistration Se ision of Cor					
	1244 NW 4					
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		William Meelean				
			Name of Person			
		1244 NW 45 LLC				
Firm/Company 5688 Flint Road						
		Cocoa, FL 32927				
		City/State and Zip Code				
		wmcclean2022@gmail.com	to be used for future annual report noti	Continu		
For further in	ıformation c	oncerning this matter, please c		neation)		
William Mcc	elean		530 3682284			
Name of Person			at ()	e Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	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

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



1244 NW 45 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 May 13, 2022 Florida document number LS22000201656 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9499 Collins Ave Unit 911 Enter new principal offices address, if applicable: Surfside, FL 33154 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Ilva Bezrukikh Name of New Registered Agent: 9499 Collins Ave Unit 911 New Registered Office Address: Enter Florida street address Surfside

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

Thereby 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.

> Ilya Beznikikli If Changing Registered Agent, Signature of New Registered Agent

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II amenuing Authorized rerson(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
MGR	Ilya Bezrukikh	9499 Collins Ave Unit 911 Surfside, FL 33154	■Add
			□Remove
			□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

(If an e Note	ctive date, if other than the date of filing:
the rec	ord 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 filed.
Date	d <u></u>
Date	CocuSigned by:
	William Mcclean

Filing Fee: \$25.00