L22000329804

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DATE:

08/22/22

NAME: 991 EAST NEW YORK AVENUE, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

991 East New York Avenue, LLC SUBJECT: __ 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address:** Mailing Address: Registration Section Registration Section

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

Registration Section

Division of Corporations

TO:

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

FILED

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991 East New York Avenue, LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/26/2022}{1}$ and assigned Florida document number L22000329804 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 "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 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	Kenneth Funk	851 NE 1st Avenue, Villa 701	= Add
		Miami, FL 33132	[]Remove
			□Change
_			□Add
			□Remove
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific is block does no	and cannot be prion of meet the applic	cable statutory fi	more than 90 days aft ing requirements, the	er filing \ Duesses	it to 605.0 be listed)207 d d as i
e record specifies a delayed efford is filed.	ective date, but r	not an effective t	ime, at 12:01 a.n	a. on the earlier of:	(b) The 90th d	ay after t	the
	1	2022	<u></u> •				
Dated August 19	WAX SA	/					

Filing Fee: \$25.00