L22000376753

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THAZAD BUILDING	G LLC	
·····		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
<u></u>		Driving Record
Requested by: SETH	10/25/22	UCC 1 or 3 File
Name	$\frac{10/23/22}{\text{Date}} \frac{1}{\text{Tin}}$	UCC 11 Search
ruite		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THAZAD BUILDING LLC

2022 OCT 27 AM 11: 00

(<u>)</u>	(A Florida Limited Liability Comp	pany)	ALLAHASSEF 18
The Articles of Organization for this Limited l Florida document number — L22000376753	Liability Company were filed o	0013713000	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office add	registered office address on o	our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A Enti	er Florida street address	
	N/A	, Florida	N/A
	City		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 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
MGRM	LEIDY PAOLA RIOS RAMIREZ	1650 N UNIVERSITY DR	□Add
		PEMBROKE PINES, FL 33024	
			Change
			□Add
			□Remove
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ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this block	be specific and cannot be prior to	date of filing or more than 90	days after filing.) Purs	suant to 605.020
ument's effective date on the Dep	partment of State's records.	ie statutory rining requirer	nents, this date will	not be fisted a
cord specifies a delayed effective sfiled.	date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90tl	n day after the
ed OCTOBER 27	2022	. •		
	S/DIEGO RAF	AELBOOND Red representative of a memb	IAZ	
	DIEGO RAF	AEL BOON DIAZ		