

L22000406859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

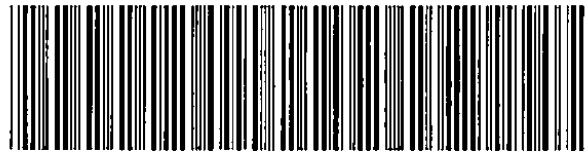
(Document Number)

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Special Instructions to Filing Officer.

no  
amend

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TALLAHASSEE, FL

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ML

**Registration Section  
Division of Corporations**

5661 NW 96TH LN LLC

JECT: \_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BARRY MACKABEN

Name of Person

5661 NW 96TH LN LLC

Firm/Company

5661 NW 96TH LANE

Address

Ocala Florida 34482

City/State and Zip Code

MACKABENREO@GMAIL.COM

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

For further information concerning this matter, please call:

RY MACKABEN

352

895 2905

at ( )

Name of Person

Area Code

Daytime Telephone Number

used 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

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TALLAHASSEE, FL

四十一

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

5661 NW 96TH LN LLC

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

Articles of Organization for this Limited Liability Company were filed on 09/20/2022 and assigned  
document number L22000406859.

amendment is submitted to amend the following:

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

ID TRUST 5121 LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**If new principal offices address, if applicable:**

5121 NW 57 LANE OCALA FLORIDA 34482

**Principal office address MUST BE A STREET ADDRESS)**

**If new mailing address, if applicable:**

5121 NW 57TH LANE OCALA FLORIDA 34482

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

**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: BARRY MACKABEN

New Registered Office Address: 5121 NW 57TH LANE

*Enter Florida street address*

OCALA, Florida 34482

*City*

*Zip Code*

**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  
visions 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.*

*barry mackaben*

**If Changing Registered Agent, Signature of New Registered Agent**

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
moved from our records:

R = Manager  
3R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	TINA HOGUE		<input type="checkbox"/> Add
		5661 NW 96TH LANE OCALA FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

11/2/2024

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated 11/2/2024 . bm

barry mackaben

Signature of a member or authorized representative of a member

BARRY MACKABEN

Typed or printed name of signee