

L22000445867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

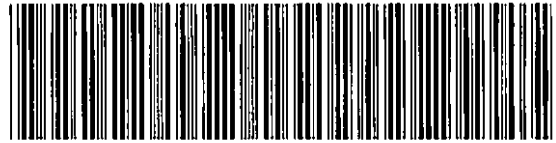
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2022 NOV -9 AM 9:57

SECRETARY OF FINANCE  
TALLAHASSEE, FL

2022 NOV -9 PM 4:20

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$55.00

Authorization Signature: James F. Lee

17701 SE 54<sup>th</sup> LLC L22000445867

Business

Document #

☐ Walk in

☐ Pick up time         

☐ Mail out

☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Organization (please stamp each page)**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ LLLP  
☐ **CORP**

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**  
☐ **AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Statement of Partnership  
☐ Reinstatement

☐ APOSTIL           
Country

☐ Other

EXAMINER'S INITIALS:

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 17701 SE 54TH 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:

SARAH DUMAS

\_\_\_\_\_  
Name of Person

COZEN O'CONNOR

\_\_\_\_\_  
Firm/Company

7284 W. PALMETTO PARK ROAD, SUITE 101

\_\_\_\_\_  
Address

BOCA RATON, FL 33433

\_\_\_\_\_  
City/State and Zip Code

ECOMPLIANCE@COZEN.COM

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

For further information concerning this matter, please call:

SARAH DUMAS

561 245-6110  
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**

**FILED**

**2022 NOV -9 AM 9:57**

17701 SE 54TH LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 17, 2022 and assigned Florida document number 1.22000445867.

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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

*City*

Florida 32301

*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.*

*Elizabeth R. Konieczny*

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>
AMBR	MAYA KOVALSKY	6465 SE 178 AVENUE	<input type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AVRAHAM KADAR	9111 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		NORTH TOWER, CABANA #7	<input type="checkbox"/> Remove
		SURFSIDE, FL 33154	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 NOV -9 AM 9:57  
SECURITY  
TALLAHASSEE, FL


2022 NOV -9 AM 9:57  
STELLA HASSETT FL

77-10000

(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.

October 31, 2022

  
Signature of a member or authorized representative of a member

STUART R. MORRIS, ESQ., Authorized Representative

Typed or printed name of signer

**Filing Fee: \$25.00**