L22000450343

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phon	e #)
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COVER LETTER

	Registration S Division of Co				
SUBJEC	216 E 46Т Г:	H ST LLC			
		Name of Lin	nited Liability Company		
711-	1 4 2 2 2				
		Amendment and fee(s) are sub	-		
Please retu	arn all correspo	ondence concerning this matter	to the following:		
		Meghan Edwards			
			Name of Person	-	
		Edwards & Edwards, P.A.			
			Firm/Company	-	
		6620 Southpoint Drive S.,	Suite 200		
	•		Address	202 355	
		Jacksonville, FL 32216		2023 HAR Signal	C3 2
			City/State and Zip Code	-	
		naderdanyal@gmail.com		60 Th	ء آيا
		E-mail address: (to be used for future annual report notification)		d is
For further	r information c	concerning this matter, please c	ali:	PH 4: I OF STAT SEE, FL	\p=
Chanda D	anis		904 222-0829	[1] 	
	Name o	f Person	Area Code Daytime Telephone Number	<u> </u>	
Enclosed i	s a check for tl	he following amount:			
	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
R D	Iniling Address Registration Solivision of Co. O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

216 E 46th	S+ LL ed Liability Compa (A Florida Limited	ony as it now appears on our re Liability Company)	2023 17.6 23 20rds.) HA
The Articles of Organization for this Limited Lin Florida document number 1.22000450343 This amendment is submitted to amend the follow. A. If amending name, enter the new name of	wing:		and assigned
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	29 Silverad	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	e <u>ox)</u>	29 Silverad Markham, D LbC OH2	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Edwards & Edw	vards, P.A. t Drive S., Suite 200 Enter Florida street add	
	Jacksonville		Florida 32216 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.

Methy Edwards [Feb 9, 2023 17.00 EST]

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>	Address	Type of Action
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			Remove
			□Change 2023dd ARR
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ffective date, if other than the date an effective date is listed, the date must be sporter. If the date inserted in this block document's effective date on the Department.	of filing: _ecific and car bes not mee nent of Stat	nnot be prior to t the applica e's records.	date of filing ble statutory	or more than filing requir	(option 90 days after ements, this	onal) filing.) Pursua date will not	nt to 605. I be liste	0207 d as
record specifies a delayed effective date is filed.	, but not an	effective tim	ie, at 12:01 a	a.m. on the e	arlier of: (b)	The 90th d	lay after	the
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February 9th		2023				1.2	. ~	
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Nader Danyal (Feb 9, 2023 16:49 EST)		nber or authori	zed representa	ative of a men	iber		2023 HAA -2	1