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COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	BRICKELL	2909 LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspoi	ndence concerning this matter	to the following:		
		Gregory R. Fishman, Esq.			
			Name of Person		
		Gregory R. Fishman, PA			
			Firm/Company		
		2750 NE 185 Street, Suite	204		
			Address		
		Aventura, FL 33180			
			City/State and Zip Code		
		greg@grfpa.com E-mail address: ()	to be used for future annual rep	port notification)	
For further i	nformation co	oncerning this matter, please ca	·		
Gregory R.	Fishman		305 792-6	5945	
	Name of	Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is:	a check for th	e following amount:			
≘ \$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL 2909 LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{122000486932}{12000486932}$.	re filed on 11/14/2022 and assigned
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 C	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)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DEC 13 PH 3 CNETARY OF S MILLAHA SSEE.
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	FL 23
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Pioriaa Sireci aaaress
	Florida

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

Zip Code

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>	Name	Address	Type of Action
MGR	FISHMAN, GREGORY R	2750 NE 185 Street, Suite 204	
		Aventura, FL 33180	_
			□Change
AMBR	Gregory S. Raciborski		■Add
		415 N HALIFAX AVE APT 214	Remove
		DAYTONA BEACH, FL 32118	□Change
AMBR	Tetiana Raciborski		≅ Add
		415 N HALIFAX AVE APT 214	□Remove
		DAYTONA BEACH, FL 32118	
			🗆 Add
			□Remove
			□Add
			□Change
			🗀 Add
			⊡ n

If amending any other informat	ation, enter change(s) here: (Attach additional sheets, if necessary.)
*	
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	edate of filing:
ne record specifies a delayed effective ord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	M, a Mariral regresorable
	Signature of a member or authorized representative of a member Typed or printed name of signee Typed or printed name of signee
	brigan R. Fixan, who riw regresals