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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT:	16609 PARKER RIVER S	ST. WIMAUMA, FL. 33598			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Yossi Berger				
		Name of Person			
		Firm/Company			
		17435 NE 12TH AVE			
		Address			
		NMB, FL 33162			
,		City/State and Zip Code		~	
		yossimercaz@aol.com		150 150 150	
For further information c	E-mail address: (concerning this matter, please o	to be used for future annual report	notification)	2023 AUS - SEGRETAI	# 24.55 # 24.55
Yossi	Berger	845 213-093	6	-3 PH	111
Name o	f Person		ytime Telephone Number	ယ္	(
Enclosed is a check for the	he following amount:			ျှူးမှု မ	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

1//00 DADMED DIMED OF MINALINAL OF 34400

M3 NG 3 PH 3:36

10009 PARKER RIVER ST. WIMAUN	4A, FL. 33398	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number	on11 / 21 / 2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
16609 PARKER RIVER ST. WIMAUMA, FL. 33598 LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbre	viation "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 agent and/or the new registered office address here:	our records, <u>enter the name o</u>	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
Ent	er Florida street address	
	, Florida	
City	,	Zin 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
		
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an effective date in the date in the date.	if other than the date of filing:	1207 1 as
record specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	June 21 2023	
ated		
ated	Maria Bon as	
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00