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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST NINTH VINTAGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

west Ninth Vintage LLC	4	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our recor mited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Com Florida document number L22000517669	npany were filed on 12/09/22	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		923
		2
I. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new register
		G: =
Name of New Registered Agent:		56
New Registered Office Address:		
	Enter Floridu street addre	ess
	F	lorida
	City	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.

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
AMBR	E MUJTABA, RAZA	7901 4th St N STE 300	□Add
		St. Petersburg FL 3370	2 ARemove
			□Change
			□Remove
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an effective lote: If the	ate, if other than date is fisted, the da date inserted in the effective date on	te must be specific a his block does no	and cannot be price of meet the appli	cable statutory	g or more than 9 r filing require	(option 0 days after fil ments, this d	ing.) Pursuant to	605.0207 ( listed as t
record spec l is filed.	cifics a delayed ef	fective date, but n	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day	after the
ated	04/21		. 2023					
			a member or aud	4.				

Filing Fee: \$25.00