

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
222 OF FLORIDA LLC

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2023 OCT 19 100

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

222 OF FLORIDA LLC

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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 3, 2023 and assigned
Florida document number L23000064004

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: 19298 NW 18 AVENUE

(Principal office address MUST BE A STREET ADDRESS) OPA LOCKA FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19298 NW 18 AVENUE

OPA LOCKA FL 33055

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:

New Registered Office Address:

19298 NW 18 AVENUE

Enter Florida street address

OPA LOCKA

City

Florida 33055

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 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>
AM	CHARNELL GOODEN	19298 NW 18 AVENUE	<input checked="" type="checkbox"/> Add
		OPA LOCKA FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATENA BROUSSARD	19298 NW 18 AVENUE	<input type="checkbox"/> Add
		OPA LOCKA FL 33055	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KATENA BROUSSARD	19298 NW 18 AVENUE	<input type="checkbox"/> Add
		OPA LOCKA FL 33055	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	KATENA BROUSSARD	19298 NW 18 AVENUE	<input type="checkbox"/> Add
		OPA LOCKA FL 33055	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be "as soon as practicable.")

(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) **Note:** If the date inserted in this block does not meet the applicable statute or rule, the date shall be deemed to be the date of filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 17

2023

Signature of a member or authorized representative of a member

KATENA BROUSSARD

Typed or printed name of signee

Filing Fee: \$25.00