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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		2
CHDIECT.	822 Flamingo Dr	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Christy Yonta		
		Name of Person	
	Christy Yonta Attorney at	Law	
		Firm/Company	
	701 NW Federal Highway.		
		Address	
	Stuart, FL 34994		
	_	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Christy Yonta		at () 349-4923 Area Code Daytin	
Name o	f Person	Area Code Daytin	e Tetephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of T	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	822 FLAMINGO DR LLC	<u> </u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	02/16/2023 and assigned
his amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
 If amending the registered agent and/or registered and/or the new registered office address in the second and the second and the second area. 		cords, <u>enter the name of the new registe</u>
gent and/of the new registered office address i	iere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		Florida
	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 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>	Name	Address	Type of Action
MGR	LLan Schwartz	54 Riverside Drive 6C	
		New York, NY 10024	Remove
			□Change
MGR Ilan Schwartt	Han Schwartz	54 Riverside Drive 6C	■Add
		New York, NY 10024	□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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an effec iote: - If	tive date, if other than the date of filing:
record : I is filed	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 l.
ated	8/21/23
	Signature of a member or authorized representative of a member
	Wendi Schwartz

Filing Fee: \$25.00