

L23000127148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 4 2023

Office Use Only



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SECRETARY
TALLAHASSEE

2023 APR - 3 AM 10:10

TALLAHASSEE

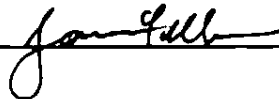
2023 APR - 3 AM 8:40

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **\$30.00**

Authorization Signature: _____



8535 La Isla Drive, LLC

BUSINESS NAME

DOCUMENT # L23000127168

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
Articles of Revocation of Dissolution
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

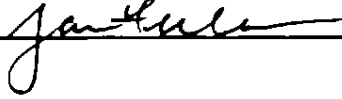
☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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8535 La Isla Drive, LLC

BUSINESS NAME

DOCUMENT # L23000127168

___ Certified Copy of Articles of Organization

X Certificate of Status

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___ Not for Profit
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___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ **LLLP**

AMENDMENTS

X Amendment
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Articles of Revocation of Dissolution
___ Change of Registered Agent
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___ **Conversion**
___ **Amended and restated Articles**
___ **Statement of Authority**

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___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8535 La Isla Drive, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrienne Knight

Name of Person

8535 La Isla Drive, LLC

Firm/Company

2 Winding Hill Dr

Address

Hackettstown, NJ 07840

City/State and Zip Code

andrienneknight@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrienne Knight

646 259-5676

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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)

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**

8535 La Isla Drive, LLC

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

2023 APR -3 AM 10:14
RECEIVED
SECRET

The Articles of Organization for this Limited Liability Company were filed on 03/13/2023 and assigned
Florida document number L23000127168.

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:

(Principal office address MUST BE A STREET ADDRESS)

737 E. 58th Street

Brooklyn, NY 11234

Attention: Andrienne Knight

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 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:

Enter Florida 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

[illegible]

[illegible]

(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)

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.

Andrew
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00