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COVER LETTER

TO:	Registration So Division of Cor	ection rporations		·
eun ira		INVESTMENTS IN OCALA	LLC	
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MONICA PEREZ		
			Name of Person	•
		SLI ACCOUNTING SERV	VICES LLC	
			Firm/Company	
		1860 N PINE ISLAND RE	STE 113	
		-	Address	
		PLANTATION FL. 33322		
			City/State and Zip Code	
		monica,perez@taxcareinc.co	orn to be used for future annual report noti	Fication)
For furthe	er information c	concerning this matter, please ca	-	meanon)
		energy and annual branch as		
MONICA	A PEREZ		at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration :		Street Address: Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ALBANIA INVESTMENTS IN OCALA LLC

company has been notified in writing of this change.

(A Florida Limited) (A Florida Limited)	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L:L.C."			
Enter new principal offices address, if applicable:	2591 NW 99TH AVE				
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS				
	FL. 33065	•			
Enter new mailing address, if applicable:	2591 NW 99TH AVE				
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS				
Training wastes. Training to the state of th	FL. 33065				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist			
Name of New Registered Agent:					
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address				
	Enter Florida street address, Flori	da			

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

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
MGR	CAROLINA PLAZA	2591 NW 99TH AVE	\exists Add
		CORAL SPRINGS FL. 33065	□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Change
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ffective date, if other the an effective date is listed, the clote: If the date inserted in ocument's effective date or	this block does	not meet the	applicable stat					
record specifies a delayed of is filed.	ffective date, b	ut not an effec	tive time, at 1	2:01 a.m. on	the earlier o	f: (b) Th	e 90th day :	after the
ated NOVEMBER 17		2023						
		2023	Plan					
		CIPUITE	or authorized re					

Filing Fee: \$25.00