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(Address)

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TALLAHASSEE, FL

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EIGHTH AVENUE EQUITY L.L.C.

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:

JEAN AYEMIN

Name of Person

MERLION MORTGAGE

Firm/Company

27371 GLENWOOD DRIVE

Address

MISSION VIEJO, CA 92692

City/State and Zip Code

JEAN@MERLIONMORTGAGE.COM

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

For further information concerning this matter, please call:

JEAN AYEMIN

at (949) 331-5554  
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

STATE  
TALLAHASSEE, FL

2024 FEB 12 AM 8:36

FEB 12 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EIGHTH AVENUE EQUITY 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 JUNE 20, 2023 and assigned Florida document number L23000297182.

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:**

27371 GLENWOOD DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

MISSION VIEJO, CA 92692

**Enter new mailing address, if applicable:**

25108 MARGUERITE PKWY, STE #A-387

**(Mailing address MAY BE A POST OFFICE BOX)**

MISSION VIEJO, CA 92692

**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**

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>
AMBR	BROMKEMP PROPERTIES LLC	6545 MARKET AVENUE NORTH SUITE 100	<input type="checkbox"/> Add
		NORTH CANTON, OH 44720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FOREVER RATE INC	21355 ANDALUCIA LN	<input type="checkbox"/> Add
		HUNNINGTON BEACH, CA 92648	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MERLION MORTGAGE	25108 MARGUERITE PKY STE A-387	<input type="checkbox"/> Add
		MISSION VIEJO, CA 92692	<input checked="" type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF CALIFORNIA  
 SECRETARY OF STATE

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

Multiple horizontal lines for amending information.

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STATE

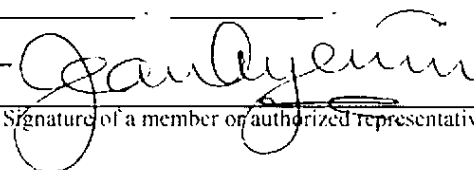
E. Effective date, if other than the date of filing: 2/1/24 (optional)

(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 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 FEBRUARY 1ST 2024

MERLION MORTG - 

Signature of a member or authorized representative of a member

MERLION MORTGAGE

Typed or printed name of signee