L23000324955

(Requestor's Name)
(Address)
(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:

Office Use Only



600431539506

08/17/24--01030--010 **60.00





COVER LETTER

TO: Registration So Division of Cor			
Striz Realty	, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Strizver		
		Name of Person	
		Firm/Company	
	3470 e coast ave apt H1106)	
		Address	
	Miami, FL 33137		
3470 c coast ave apt H1106 Address			
	E-mail address: (to be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
Brian Strizver		305 7906388	
Name o	f Person	at ()	lephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Section	ر <u>ء</u> on

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A-Fk	ability Company as it now appears on our records.) orda-Limited-Liability (Company)
The Articles of Organization for this Limited Liabilit Florida document number	ty Company were filed on and assigned
This amendment is submitted to amend the following	2:
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 AL	DDRESS)
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or register	ered office address on our records, enter the name of the new reg
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, enter the name of the new reg
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here. Name of New Registered Agent:	ered office address on our records, enter the name of the new reg

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	<u>Address</u>	Type of Action
AMBR	Sophie Strizver	3470 e coast ave apt H1006	
			\ \ \ \ \
		Miami, FL33137	
			Remove
			
			\ \ \ \ \ _Add
			Remove
			Change
			□Remove
			Change
			□Remove
			; :
			☐Cḥange
			-!
			□Add :
			\ \ \Remove
			Change

D. II atticit	ding any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
		•
<u> </u>		
_		
_		
-		<u> </u>
		
E. Effective	e date, if other than the date of filing: (optic	onal)
Note: If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.	filing.) Pursuant to 605,0207 state will not be listed as
If the record s	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
	6//04 2024	•
D . 1	06/04 2024	•
Dated _		
Dated _		·
Dated _	Signature of a member or authorized representative of a member	
Dated _	Signature of a member or authorized representative of a member Brian Strizver	; ; :