# L23000395641

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	PICK U	UP: BROOK 8/25
XX	CERTIFIED COPY PHOTOCOPY CUS	
XX	FILING	LLC AMEND
1.	5634 NW 21ST STREET (CORPORATE NAME AND DOCUM	
2.	(CORPORATE NAME AND DOCUM	MENT#)
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5.	(CORPORATE NAME AND DOCUM	MENT #)
SPECIA INSTRU	L CTIONS:	

### **COVER LETTER**

	rision of Co			
SUBJECT:	5634 NW :	21ST STREET LLC, a Florida	limited liabilty company	
SOUVECT.		Name of Lir	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jon McGraw		
			Name of Person	
		McGraw Rauba Mutarelli	PA	
	<u>,                                      </u>			
		35 SE 1st Avenue, Suite 1	02	
	Division of Corporations  5634 NW 21ST STREET LLC, a Florida limited liability company  Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Jon McGraw  Name of Person  McGraw Rauba Mutarelli PA  Firm/Company  35 SE 1st Avenue, Suite 102  Address  Ocala, Florida 34471  City/State and Zip Code jon@lawmrm.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call: iraw  Name of Person  Name of Person  Daytime Telephone Number			
		Ocala, Florida 34471		
			City/State and Zip Code	
		_		
			· · · · · · · · · · · · · · · · · · ·	tification)
For further ir	iformation c	oncerning this matter, please c	all:	
Jon McGraw				
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
				-

Tallahassee, FL 32314

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5634 NW 21ST STREET LLC, a Florida limited	liability company	
(Name of the Limited Liability Co (A Florida Lim	empany as it now appears on our recor- ited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 8/23/2023	and assigned
Florida document number L23000395641		
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 I	iability Company," the designation "LLC	
Enter new principal offices address, if applicable:		023 /
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		: 25 • U
Enter new mailing address, if applicable:	40 Jackson Avenue	
Articles of Organization for this Limited Liability Comparida document number L23000395641  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited limi	Apartment 5P	3 3
	Eastchester, NY 10709	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
(Name of the Limited Liability Complete Articles of Organization for this Limited Liability Complete Liabili		orida
	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
			□Add
			□Remove
			□Change
			□ Remove
			Change
			□Remove
			□ Change
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			□Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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record s is filed.		r th
ated	Signature of a member or authorized representative of a member  Typed or printed name of signer	
	Wa. Athany	
	Signature of a member authorized representative of a member	
	1 Jan M. Grave Regulat Mont/ Athun	

Filing Fee: \$25.00