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2023 OCT 10 AH11: 47

## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporat	tions	
SUBJECT: 250	00 NE 181 ST LIC	
	Name of Limited Liability Company	
The enclosed Articles of Amen	ndment and fee(s) are submitted for filing.	
Please return all correspondence	ce concerning this matter to the following:	
	ACIV AZU MY Name of Person	
	2500 NE 181 S7 L(C.	
_	420 S Dixie Hwy	
· ·	Hallandall Beach FL	<u>35</u> 009
4_	City/State and Zip Code  1 1 Ca 2 U Ca 4 Ca 7 Ca 9 Ca 1  E-mail address: (to be used for future annual report notification)	: Com
For further information concern	ning this matter, please call:	
Name of Perso	on at $\frac{754}{\text{Area Code}}$ Daytime Telephor	758
Enclosed is a check for the foll	lowing amount:	
S25.00 Filing Fee	Certificate of Status Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpo		ns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

FILED

AKTICLES OF O	RGANIZATION
Ol	F 2023 OCT 10
2500 NE 181 S	F 2023 OCT 10 AM 11: 47
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records ASSEE. FLORIDA
(ATTIONING DI	alanda alanda
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 4097</u> .44	were filed on $\frac{8/31/23}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

\_, Florida \_

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
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an effectiv ote: If th	date, if other than the date of filing: 10 2 2023 (or educe is listed, the date must be specific and cannot be prior to date of filing or more than 90 days are date inserted in this block does not meet the applicable statutory filing requirements, as effective date on the Department of State's records.	optional) after filing.) Pursu this date will n	uant to 605.020 of be listed a	07 as
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	f: (b) The 90th	day after th	ie
ated	October 2, 2023	<u> </u>		
	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00