# 623000417969

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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	9801-52 Name of Lim	ited 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:	
	Carmen R	Name of Person	az
	Farshchia	an law P. A	<u>.</u>
	12965 B	iscane Blud.	ste. 300
	NOHH Mig	MIF). 3312 City/State and Zip Code	8}
	Caemene auts E-mail address: (1	Fluvica lestate la u lo be used for future annual report notifi	). (DV)
For further information e	oncerning this matter, please ca	all:	
Demen A. Rus	Si De la PaZ.	at ( <u>305</u> ) <u>QD</u> Area Code Daytime	1-5628 Telephone Number
Enclosed is a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9801 -	52 LLC.
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) inited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000417969</u> .	mpany were filed on 97203 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:
	d agree to act in this capacity. I further agree to comply with the aplete 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>	Address	Type of Action
AMBR_	Abraham Weinberger as	16 E 34ths + 16 × 1001 N1, NV	_ <b>T</b> Add
	2018 family Trust dated 11/15/2018	<u></u>	_ □Remove
	11/15/2018		_ Change
		<del></del>	□Add
			_ □Remove
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Signature of a member or authorized representative of a member	ted 9	7 7023	
	X	Signature of a member or authorized representative of a mem	oer
AbrahanWeinbergerastrustee of the EZEA E Pani 2018 family Trust Dated 11/15/2018			

Filing Fee: \$25.00