L23000472919

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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

909 DRUH	O RD LLC				
SUBJECT:	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:			
	Michael Seiger				
		Name of Person			
	Beighley, Myrick, Udell, I	.ynne & Zeichman, P.A.			
		Firm/Company			
	2385 Executive Center Dr.	., Suite 250			
		Address		SET 0023	
	Boca Raton, FL 33431			2023 HOV	Ì
		City/State and Zip Code		533	***
	mseiger@bmulaw.com			SSS A	Ť
	E-mail address: (to be used for future annual report notif	ication)	8 8	~ =
For further information of	oncerning this matter, please c	all:		8: 14 STATE	
Michael Seiger		561 549-9036, E:	kt. 2208	1.1	
Name o	f Person		: Telephone Number		
Enclosed is a check for ti	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Addres Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations allahassee	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

909 DRUID RD LLC

(Same of the Lim)	(A Florida Limited L	is as it now appears on or inability Company)	ir recorus.)	
The Articles of Organization for this Limited L Florida document number 1.23000472919	Liability Company	were filed on	23	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designat	ion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			Sel 202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office a ess h <u>ere</u> :	ddress on our record: ck, Udell, Lyane & Zeich		OF STATE ame of the new registered
New Registered Office Address:	2385 Executive	Center Dr., Suite 250		
		Enter Florida stre	et address	
	Boca Raton	- Curr	Florida _	33431 Zip Code
New Registered Agent's Signature, if changing	Registered Agents	Сиу		zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre per and complete sistered agent as p registered office s change.	performance of my di rovided for in Chapte address, I hereby con	uties, and Lar er 605, F.S. C	n familiar with and Or, if this document is
	Thon	nas G Zeichman		

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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>	Type of Action
MGR	PERFETTI, TORY	13036 BURNS DR	□Add
		ODESSA, FL 33556	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			Add 2023 ve F
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ffective date, if other than the an effective date is listed, the date mu to the first the date inserted in this bocument's effective date on the E	st be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) or more than 90 days after filing filing requirements, this date	.) Pursuant to 605.020
record specifies a delayed effectivel is filed.	re date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) Th	ne 90th day after the
	2023		
October 17	•		
Dated	Signature of a member or authorized represent		•

Filing Fee: \$25.00