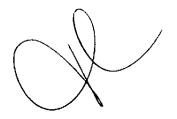
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(Requestor's Name)
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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00 AUTHORIZATION SIGNATURE: 164 Street SE L.L.C. **BUSINESS** Document # Walk in Pick up time Mail out Will wait Photocopy **Certified Copy** Certificate of Status **NEW FILINGS AMMENDMENTS** Profit X Amendment Not for Profit Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger CORP Conversion **REGISTERATION/QUALIFICATIONS OTHER FILINGS** Annual Report ___ Foreign filing ___Limited Partnership Fictitious Name Reinstatement __ APOSTIL () _____ Other Country

, FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

XAMINER'S INITIALS:

COVER LETTER

TO: Registration Sec Division of Corp						
164 Street S	SE L.L.C.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
	ndence concerning this matter					
	MARK ALBRIGHT, ESQ					
		Name of Person				
	PERLMAN, BAJANDAS	YEVOLI & ALBRIGHT, P.L.				
		Firm/Company				
	200 SOUTH ANDREWS	AVENUE, SUITE 600			2(
		Address	<u></u>	5)23 D	
	FORT LAUDERDALE, F	L 33301		:. 2.	2023 DEC 28	4
	MALBRIGHT@PBYALA	City/State and Zip Code		Addis Sec.	8 AH 10: 00	1 1 1 1 2 2
		to be used for future annual report notific	ration)	[1] . 프랑	Ö	i 92
For further information co	oncerning this matter, please ca	all:		:::	0	
Raymond McGann, Esq.		954 566-7117				
Name o	f Person	at ()Area Code Daytime	Telephone Number			
Enclosed is a check for the	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 Filin Certificate Certified Certifie	of Stati opy		
Mailing Addres Registration S		Street Address: Registration Sec	iion			
Division of C	Corporations	Division of Corp The Centre of Ta	orations			
P.O. Box 632	. 1	THE Centre of 17	manassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

164 Street SE L.L.C.		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. cd Liability Company))
The Articles of Organization for this Limited Liability Compa	ed Liability Company were filed on 12/28/2023	
Florida document number,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
164 Street L.L.C.		
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRESS		2 0 77
		, m
		8 .
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi- gent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	-
	Clas	سنباد
	, Flo	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			Remove Change Remove Remove
			Change Schange
			□Change
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n effective date is listed, the date muster If the date inserted in this b	st be specific and cannot b	e prior to date of filing applicable statutory	or more than 90 days after filing requirements, this	filing.) Pursuant to 60 date will not be lis	5.020 ted as
cument's effective date on the D	epartment of State's re	cords.	•		
ecord specifies a delayed effectiv	ve date but not an offer	rtive time at 12:01 a	m on the earlier of: (h) The 90th day afte	er the
is filed.	e date, out not un effect	,	04 040 0=000 000 (0	,	
December 27	2023				
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Typed or printed name of signee