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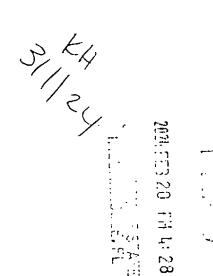
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	EAN 18D 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:	
	David M. Dwares, Esq.		
		Name of Person	
		Firm/Company	
	555 S. Pompano Pkwy, #8		
		Address	
	Pompano Beach, FL 3306	)	<b>ن</b> : ريا
		City/State and Zip Code	cation)
	ddwares@titleprocorp.com		
	E-mail address: (	to be used for future annual report notifi	
For further information e	oncerning this matter, please c	all:	
David M. Dwares		954 566-4403 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	.7	The Centre of Ta	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4545 N OCEAN 18D LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2024 and assigned Florida document number L24000041102

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 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 ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

City

## 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

Zip Code

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	Karen Liberman	4545 N Ocean Blvd, #18D	■Add
		Boca Raton, FL 33431	□Remove
			□Change
			□Add
			□Remove
			□Change
			☐ Add ☐ Remove
			☐ Add = 200 ☐ Remove
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	lock does not meet the applicable statutor	
record specifies a delayed effect d is filed.	ve date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day after the
January 26	. 2024	
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Filing Fee: \$25.00