124000067677

(Requestor's Name)
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COYER LETTER

TO: Registration Division of (i Section Corporations			
555 BA SUBJECT:	NYAN TREE LANE 5 LLC			
	Name of Li	mited Liability Company		
	of Amendment and fee(s) are su spondence concerning this matte			
	Dvora Weinreb			
		Name of Person		
	Law Offices of Dvora M.	Weinreb, P.A.		
		Firm Company		
	20283 State Road 7, Suite	: 400		
		Address		
	Boca Raton, FL 33498			
	dvora@dwpalaw.com	City/State and Zip Code		20. S
		tto be used for future annual repo	rt notification)	
	concerning this matter, please of	call:		2
Dvora Weinreb		954 274-77 at ()	730	(O TO
Name	e of Person	Area Code E	Daytime Telephone Number	E STATE
Enclosed is a check for	the following amount:			F # -
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (of Status &

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

555 BANYAN TREE LANE 5 LLC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 1.24000067677	ability Company were filed on	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the nam</u> <u>here</u> :	e of the new registered
Name of New Registered Agent:		EB
New Registered Office Address:		22
	Enter Florida street address Florida	11 8: 11 8:
	City	Zip Code.

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment us 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 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

Title	Name	Address	Type of Action
MGR	RAHUI. SHARMA & BHARTI SI	10727 CANYON BAY LANE	□Abdd
		BOYNTON BEACH, FL 33473	□ Remove
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ective date, if other than the date	of filing:		(optional	1)
n effective date is listed, the date must be spe te: If the date inserted in this block do	es not muct the applie:	able statutory filino	re than 90 days after filing requirements, this dat	g.) Pursuant to 605,02 07 e will not be listed as
cument's effective date on the Departm	tent of State's records.			STA STA
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cord specifies a delayed effective date, s filed.	but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
02 / 12 / 2024				
ed	2024		•	
		Rahul	Sharwa	
Signati	ure of a member or autho	orized representative c	f a member	

Filing Fee: \$25.00