12400007-8905

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COVER LETTER

	gistration Se ision of Cor						
SUBJECT:	9140 COLLINS, LLC Name of Limited Liability Company						
SUBJECT:							
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		LAZARO CASTILLO					
			Name of Person				
			Firm/Company				
		9140 COLLINS AVE H					
			Address				
		SURFSIDE, FL 33154					
			City/State and Zip Code				
		LAZTOWNHOME9140@GMAIL.COM					
		E-mail address: (to be used for future annual report	notification)			
For further in	nformation co	oncerning this matter, please co	all:				
LAZARO C	ASTILLO		954 892-002 at()				
·	Name of	Person	Area Code Da	ytime Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9140 COLLINS, LLC (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 $\frac{02/13/2024}{1}$ _____ and assigned Florida document number <u>L24000078905</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Cin

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 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	CASTILLO, LAZARO	2631 NW 84 AVE			
		CORAL SPRINGS FL 33065	□Remove		
	·		☐Change		
			□Add		
			□Remove		
			□ Change		
			□Add		
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an effective date is list	her than the date ed, the date must be sp	citic and cann	ot be prior to	date of filing	or more than 9	(option 0 days after fi	ling.) Pursua	nt to 605./	.0207 (
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