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## **COVER LETTER**

TO: Registration Se Division of Cor			
2350 NE 1	35 ST, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and (ee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following	
	Michael Merino		
		Name of Person	
	Michael II Merino P.A.		
		Firm/Company	
	6741 Orange Dr		
		Address	
	Davie, FL 33314		
		City/State and Zip Code	*******
	corps@merinolegal.com		
For further information of	E-mail address: ( concerning this matter, please o	to be used for future annual report not all:	iffication)
Michael Merim			
	of Person	954 321-7701 Area Code Daytir	ne Telephone Number
		,	·
Enclosed is a check for t	the following amount.		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 633		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee.	TL 34314	2410 in, ivioni	oe succi, sunc o iv

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.
The Articles of Organization for this Limited I Florida document number <u>L24000097279</u>		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>oere</u> :
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	MAY -8 PH 3: 39
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the name of the new-registe</u>
Name of New Registered Agent:	Michael II Merino P.A.	
New Registered Office Address	6741 Orange Dr	
	Enter l-la	orida street address
	Davie	Florida <u>33314</u>
	City	Zip Code

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 hability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Michael H. Merinc

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
AMBR	Nica Inc	1470 NE 123RD STREET, APT 1110	□Add
		NORTH MIAMI, FL 33161	■Remove
			UChange
MBR	Nica Inc	1470 NE 123RD STREET, APT 1110	
		NORTH MIAMI, FL 33161	■Remove
			⊡Change
MGR	Nica LLC	1470 NE 123RD STREET, APT 1110	<b>=</b> Add
		NORTH MIAMI, FL 33161	□Remove
			☐Change
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	URenzove
			□Change
			□Add
			□Remove
			□Change

ffective date, if other than the date of filing:(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
benment's effective date on the Department of State's records
record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day is filed.
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