L24000115081

(Re	equestor's Name)					
(Address)						
(Ad	dress)					
(Cit	:y/State/Zip/Phone #	9)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name)				
(Do	ocument Number)					
Certified Copies	_ Certificates o	f Status				
Special Instructions to	Filing Officer:					

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04/04/24--91023--903 **25.00

FILED2024 APR 30 PH 12: 14



April 12, 2024

ELKIN SANCHEZ 20861 JOHNSON ST SUITE 103 PEMBROKE PINES, FL 33029

SUBJECT: 1301 BELIEVERS LLC Ref. Number: L24000115081

We have received your document for 1301 BELIEVERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester Regulatory Specialist II

Letter Number: 924A00007990

RECEIVED

APR 3 0 2024

COVER LETTER

TO: Registration Secti Division of Corpo			• •	•	
SUBJECT: 1301	Believer	S LLC ited Liability Company			
The enclosed Articles of Art Please return all correspond					
	Elkir	1 Sanchez Name of Person			
	Pembroke LSanch E-mail address: (Firm/Company hnson ST. # Address Pines FL 3 City/State and Zip Code nez@dittcol to be used for future annual report notif	3029 p-com	2024 APR 30 PM 12: 14	
		at (954) 662	2-1263 Telephone Number		
Enclosed is a check for the \$25.00 Filing Fee	following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address		Street Address			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

1301 Believe	rs LL(ר י		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now app ited Liability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2400011508</u>	oany were filed on	3/6/24	and assign	ned
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited I	Liability Company." th	ne designation "LLC" or t	the abbreviation "L.L.(<u>C."</u>
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		32 4 A	
			APR 30	
Enter new mailing address, if applicable:			- <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on ou	r records, <u>enter the</u>	name of the new i	<u>registered</u>
Name of New Registered Agent:		,	· 	
New Registered Office Address:			<u></u>	
	Enter l	Florida street address		
	City	, Florid	aZip Code	
New Registered Agent's Signature, if changing Registered Ag	•		24/2 (1946	
isem registered whem a biguarare, it changing registered was	<u></u>			

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>	Name	Address	Type of Action
AMBR	Samuel Auzman Ir.	8077 NW 199th Tewace.	□Add
		Hialogh, PL 33015	Remove
			□Change
AMBR	KSG Investments	8077 UW 199th Terrace	XAdd
	Grap LLC.	Higlenh, FL 33015	□Remove
			□Change
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If an effective <u>Note:</u> If th	date, if other than we date is listed, the date he date inserted in the s effective date on the	e must be specifi is block does t	c and cannot not meet the	applicable				ing.) Pursu		
e record spe rd is filed.	ecifies a delayed eff	ective date, but	not an effe	ctive time,	at 12:01 a.m.	on the earlie	r of: (b)	The 90th	day aft	er the
Dated	4/12	 	4.20 HH	24 HA	1/1	<u>.</u>				
		Signature	of a plembe			e of a member				
		EIK	$\mathcal{L} \sim 1$	C ~	iche	$\overline{}$				

Filing Fee: \$25.00