## 124000126671

(R	equestor's Name)	
(A	ddress)	<del></del>
(A	ddress)	
,	,	
	in (Conta Di ID)	- 40
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	<del>.</del>
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

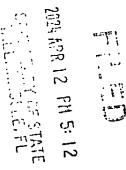
Office Use Only



000427375020

04/12/24--91020--012 **••**25.00





## **COVER LETTER**

	gistration Sec rision of Cor			
SUBJECT;	1426 TCD 1			
SC BJE,C 1;		Same of Lim	ited Liability Company	
The enclosed	J Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		DIEGO SERPA		
			Name of Person	
		1426 TCD LLC		
			Firm Company	
		10527 LEXINGTON CIR	S	
			Address	<del></del>
		BOYNTON BEACH, FL	33436	
		DIEGOSERPA88@GMAII	City State and Zip Code	
		<del>-</del>	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please c	all:	
DIEGO SEI	RPA		954 892-2256	
	Name o	(Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount		
<b>■</b> \$25.00 l	Filing 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 radditional copy is enclosed)
Ma	ilina Addroc		Street Adaress.	

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

1426 TCD LLC		
Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability (Company)	
~	oility Company were filed on 03/13/2024	and assigned
florida document number L24000126671	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LI C" or	the abbreviation "L.I.,C"
Enter new principal offices address, if applicab	ole:	<del></del>
Principal office address MUST BE A STREET	ADDRESS)	
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regigent and/or the new registered office address	istered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registe
Same of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
	Cuv	Zin Code

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 degiment 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>Vitle</u>	<u>Name</u>	Address	Type of Action
AMBR	ALAI LARTITEGUI	10527 LEXINGTON CIR S	■ Add
		BOYNTON BEACH, FL 33436	
			[2]Remove
			ZAdd
			Remove
			Z Change
			[2Add
			TRemove
			ZAdd
			TRemove
			De ange
			Dange Pala
			Constitution of the consti
			STATE STATE OF STATE

## Page 2 of 3

	·-··				
	<del>.</del>	<del></del>		<u></u>	
			····		
<u> </u>					
					<del></del>
	-				
	04/01	/2024		(ii	
ffective date, if other than the d	ate of filing: be specific and cannot b	e prior to date of fil	ing or more than 90 a	(ODGOHA); days after (illing.) P	ursuant to 605.020
<b>Note:</b> If the date inserted in this bloc locument's effective date on the Dep	k does not meet the : artment of State's re	applicable statute cords.	ry filing reouirem	ents, this date wi	all not be listed a
e record specifies a delayed	effective date, b	ut not an effe	ctive time, at 1	.2:01 a.m. oṛ	rine eartier
The 90th day after the reco					
APRIL IST	2024				ESTELLAR 12
Dated		·	20		12
	-	3/1/			1000 里
<u></u>	ignature of a member	r authorized repre-	entative of a member	'r	ms on
					FAT 12

Page 3 of 3

Filing Fee: \$25.00