## L24000135491

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

DIV	ision of Corp	orations		
SUBJECT:	16321 NW I	8 AVE., LLC		
, obst.c.i.		Name of Limi	ted Liability Company	····
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
lease return	all correspon	dence concerning this matter t	to the following:	
		NADINE WILSON-FORB	ES	
		-	Name of Person	***
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		20240 NE 3RD COURT,U	NIT 2	
			Address	<del></del>
		MIAMI, FL 33179		
			City/State and Zip Code	<del></del>
		nawforbes@gmail.com		
		E-mail address: (t	o be used for future annual report notif	ication)
for further in	nformation co	ncerning this matter, please ea	all:	
NADIN	E WILSON	I-FORBES	at (305) 785-659	7
	Name of 1	Person		Telephone Number
inclosed is a	a check for the	following amount:		
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

16321 NW 18 AVE., LLC			
(Name of the Limited Liability (A Florida L	Company as it now applicated Liability Compar	pears on our records.)  iy)	
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{L24000135491}{L24000135491}$		MARCH 19, 2024	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	ed Liability Company," (	he designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of		r records, enter the name o	
agent and/or the new registered office address here:		<del></del>	
Name of New Registered Agent:  New Registered Office Address:			
	Enter	Florida street address	•
	City	, Florida	70.6.4.
New Registered Agent's Signature, if changing Registered /	•		гир Соае
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance int as provided for i	of my duties, and I am fam in Chapter 605, F.S. Or, if t	illiar with and this document is 1

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIRGINIA HARVIN	20040 NW 13th COURT	<b>≣</b> Add
		MIAMI. FL 33169	□Remove
			☐ Change
			□Add
			Remove
			□ C'hange
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change
		<u> </u>	
			Remove
			Change
			□Add
			ПРетюче
			ElChanas

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Note:	we date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	APRIL 2 2024 /
	X
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00