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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	880 SW 129	9 PL UNIT 206, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The malegae	l Aminlan of	Assurates and Surfax cash	unitered for Alline			
The enclosed	i Afficies of	Amendment and fee(s) are sub	maked for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Nicholas R. Jackson, Esq.				
			Name of Person	-		
		Jonathan H. Green & Asso	ociates, P.A.			
			Firm:Company			
		901 Ponce de Leon Bouley	vard, Suite 601		ZEZH MER. 22 LEGNETYON	
			Address	 		
		Coral Gables, Florida 3313	34			
			City/State and Zip Code	-	:: ::::::::::::::::::::::::::::::::	
		nrj@jhglaw.com	to be used for future annual report n	otification)	·	
For further in	nformation c	oncerning this matter, please c	·	omeanony		
Nicholas R.	Jackson, Esc	l.	305 372-5100 at (
	Name o	f Person		ime Telephone Numb	er	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	iling Addres		Street Address: Registration S	Section		
		orporations		Registration Section Division of Corporations		
P.C). Box 632	7	The Centre of	Tallahassee		
Tal	lahassee, I	FL 32314	2415 N. Mon	roe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 3/27/2024 and assigned
lorida document number 1.24000148740	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
00 SW 129 PL UNIT 206, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	20, 70
Principal office address MUST BE A STREET ADDRESS)	至
	2
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	(1)
	ि ज
. If amending the registered agent and/or registered office address ogent and/or the new registered office address here:	on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
City	, Florida Zip 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	licable statutory	g or more than 90 o	_ (optional) lays after filing.) ents, this date v	Pursuar will not	nt to 605,020 be listed a
record specifies a delayed effective date, but not an effective is filed.	e time, at 12:01	a.m. on the earli	er of: (b) The	2 90th d	ay after th
ated April 17 2024	· ·				

Filing Fee: \$25.00