

4/16/2024 10:20:27 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001389813)))



H240001389813ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RICHARD D. SABA
Account Number : 070540000565
Phone : (941)952-0990
Fax Number : (941)954-0361

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: VREIDMIAMI@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2516 BOOKER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2024 APR 17 AM 8:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2024 APR 17 AM 11:20

T. LEMIEUX
APR 18 2024

04/16/2024 02:19 PM

H24000138981 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2516 BOOKER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/9/2024 and assigned Florida document number L24000162253.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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

H24000138981 3

04/16/2024 02:19 PM

H240001389811

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of ~~H240001389811~~ to be added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Enoch T Reid	2500 Dr Martin Luther King Way	<input type="checkbox"/> Add
		Sarasota, FL 34234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VALRIE REID	9201 SW 150th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H240001389811

04/16/2024 02:19 PM

H24000138981 3

H24000138981 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 16, 2024



Signature of a member or authorized representative of a member

RICHARD D. SABA

Typed or printed name of signee

H24000138981 3