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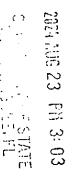
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	tration Section ion of Corpor							
SUBJECT: _	220	NE	155	•	LL	<u> </u>		
		ssame o	t Limited Liabili	ty Company				
The enclosed .	Articles of Am	endment and fee(s) ar	e submitted for	filing.				
Please return a	ll corresponde	nce concerning this m	atter to the follo	owing:				
		Fran	NCIS Nan	Ja	cot	>		
			NE		_	LLC		
		14340	•	appl	BIVE	<u> </u>		
			NL	1 B.	Fc	3318	1	- 0
	-	1434 E-mail addi	ORPE ress: (to be used t	te and Zip Code Amai or luture annual	I.COM	Frai	rispe	728 (a) OL COM
For further inf	Name of Per	erning this matter, ple	ase call:	(Zolo) C	1442	210 Lelephone Number		
Enclosed is a c	heck for the fo	ollowing amount:						
□ \$25.00 Fil	ing Fee E	S30.00 Filing Fee & Certificate of Stat	us Cei	.00 Filing Fee rtified Copy fitional copy is end		Certified	e of Status &	

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

220 NE 122 St, LC

(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 $\frac{5}{1/2024}$ and assigned Florida document number $\frac{12400020488}{1}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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: 1511 5W 955T
(Principal office address MUST BE A STREET ADDRESS) Migm 1, FL33176
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX]
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: Mr (iam Perez
New Registered Office Address: 11511 SW 95 ST Enter Florida street address
Miami Florida 33176 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

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent Signature of New Registered Agent To Signature Of New Re

company has been notified in writing of this change.

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
AUBR	Miriam Perez	11511 SW 955t	(L 'Add
		11511 SW 9554 Miami, FC 33176	□Remove
AHBR	Francis Jacob	14340 Biscayne	□Add
		14340 BISCAYNE BIVD NMB	Remove
		FL33181	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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D. If amending any other information, enter cha			
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and o Note: If the date inserted in this block does not me document's effective date on the Department of St	eet the applicable statutory filin	(optional) sore than 90 days after filing.) Puring requirements, this date will	rsuant to 605.0207 (3 kb) not be listed as the
f the record specifies a delayed effective date, but not a record is filed.	an effective time, at 12:01 a.m.	on the earlier of: (b) The 90	Oth day after the
Dated 8 19 124	A		7804 MB 6
\bigcap	X /7		23 [
Signature of a m	ember conuthorized representative	of a member	PH 3: 03
Francis 100	ob		# 03
11011C->10C	Typed or printed name of signee		m ω

Filing Fee: \$25.00