

L24000223845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

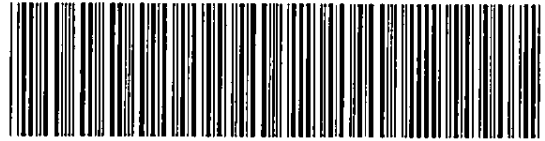
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MAY 2 2024

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05/24/24--01:14--14 **13.00

FILED
2024 MAY 24 PM 3:13
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAY 24 PM 3:18
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5105 BUFFALO AVE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVAN RIVERA

Name of Person

5105 BUFFALO AVE, LLC

Firm/Company

5105 Buffalo Ave.

Address

Jacksonville, FL 32206

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN RIVERA

Name of Person

at (787)

Area Code

525-5620

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

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**

5105 BUFFALO AVE, 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 05/16/2024 and assigned
Florida document number 1.24000223845

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

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

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>	<u>Type of Action</u>
AMBR	IVAN RIVERA	5105 BUFFALO AVE STE 3	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IVAN B RIVERA	5105 BUFFALO AVE STE 4	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IVAN RIVERA	5105 BUFFALO AVE STE 3	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32206 USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHAIM B. MILTZ	5105 BUFFALO AVE STE 4	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32206 USA	<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

[illegible]

(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.

Dated MAY 24 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee