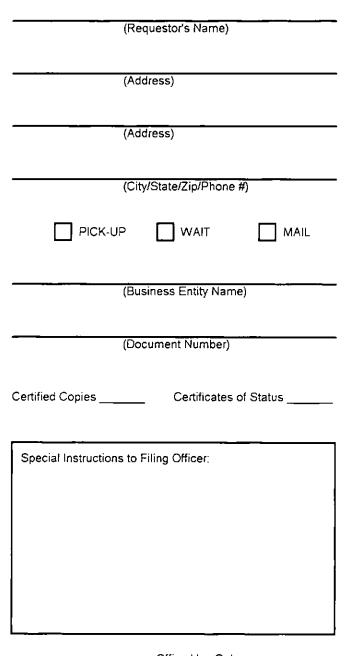
## 124 000 240 140

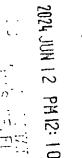


Office Use Only



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FILED

## **COVER LETTER**

TO:

TO:	Registration Se Division of Co			
OLUB II		PROJECT A LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Harvey Ackerman		
			Name of Person	
		HZA LTD		
			Firm/Company	<del></del>
		24 Agassi Street		
			Address	
		Jerusalem , Israel 9387724	ı	
			City/State and Zip Code	<del></del>
		tackerman613@gmail.com		
		E-mail address: (	to be used for future annual report no	tification)
For fur	ther information of	concerning this matter, please c	all:	
Harvey	y Ackerman		917 475-0418 at ()	
	Name o	of Person	Area Code Daytin	me Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>■</b> \$2	5.00 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		Street Address:	
Registration Section Division of Corporations			Registration So Division of Co	
	P.O. Box 632	•	The Centre of	-
	Tallahassee,	FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16 UNITS PROJECT A LLC									
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)							
he Articles of Organization for this Limited Liability Company	were filed on May 23, 2024	and assigned							
orida document number 1.24000240140									
his amendment is submitted to amend the following:									
. If amending name, enter the new name of the limited liab	ility company here:								
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."							
nter new principal offices address, if applicable:									
Principal office address MUST BE A STREET ADDRESS)									
		<u> </u>							
		and the second s							
nter new mailing address, if applicable:		77. 2 70 <sup>-</sup>							
Mailing address MAY BE A POST OFFICE BOX)		3 3 1							
runing dadress with DE ATOST OTTTOE NOW									
		0							
8. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new regist							
<del></del>		-							
New Registered Office Address:	Enter Florida street add	Iress							
	, 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
MGR	Desiree Ownby	1776 Oak Grove Drive S	
		Green Cove Springs, FL 32043	□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change

<del></del>				<u>.</u>
	<del></del> _	<del>-</del>	<del></del>	
		<del></del>		
		-		
	. <u>-</u>			
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		<del> </del>		<del></del>
ective date, if other than the date of fili	ng:	1-4- of G1:	(options	ıl)
n effective date is listed, the date must be specific a te: If the date inserted in this block does not	t meet the applicab	le statutory filing re-	nan 90 days after nii quirements, this da	ng.) Pursuant to 605,020 ite will not be listed a
cument's effective date on the Department of	f State's records.			
ecord specifies a delayed effective date, but n s filed.	ot an effective time	e, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
June 6	2024	. •		
		•		

Filing Fee: \$25.00

Typed or printed name of signee