

L24000330992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

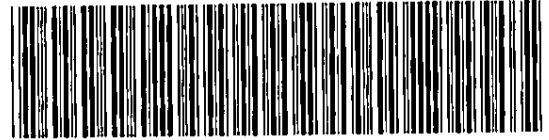
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
OCT 22 2024

Office Use Only



400438122194

2024 OCT 18 PM 10:02

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2024 OCT 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA.CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$30.00

Authorization Signature: _____

8360 W Oakland Park LLC L24000330992

Business name Document #

____ Walk in

____ Will wait

____ Certified Copies of the Articles of Organization

X____ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

____ LLC

____ Domestication

____ INC

 CORP

____ OTHER

AMENDMENTS

X____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Conversion

____ Statement of FACT

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing

____ Partnership

____ Reinstatement

____ CORRECTION for a Foreign LLC

____ Domestication of a Foreign Corp.

____ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8360 W OAKLAND PARK 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:

MOREY WRIGHT

Name of Person

ANFIELD ROAD LLC

Firm/Company

110 E BROWARD BLVD STE 1700

Address

FT LAUDERDALE, FL

City/State and Zip Code

MOREY@ANFIELDROADGROUP.COM

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

For further information concerning this matter, please call:

MOREY WRIGHT 954 210 2937
at ()
Name of Person Area Code 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**

8360 W OAKLAND PARK LLC

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

2024 OCT 16 3:12 PM
J3

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 1. 24000330992

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>
MGR	JACQUELINE WONG SANG	110 E BROWARD BLVD	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOREY WRIGHT	110 E BROWARD BLVD	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33301 100% OWNERSHIP	<input type="checkbox"/> Remove
			<input checked="" 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

[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)

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 18 OCTOBER 2024, _____

monowright

MOREY WRIGHT

Typed or printed name of signee