

L24000392689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

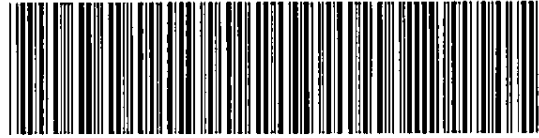
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500441409165

FILED

2024 DEC 27 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FL

PROCESSED

2024 DEC 27 AM 9:02

FILED

42

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

Please use funds from the account I20210000160: \$25.00

Authorization Signature 
1010 BROTHERS AVE LLC L24000392689
Business #Document

Walk in _____ Will wait _____

_____ Certified Copies of the Articles of Organization
_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ LLC
_____ Domestication
_____ INC
_____ CORP
_____ OTHER

AMENDMENTS

X Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Amended and Restated Articles

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ Statement of CORRECTION
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1010 BROTHERS 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:

Patrick Lee

Name of Person

1010 BROTHERS AVE LLC

Firm/Company

111 N. Orange Ave Suite 800

Address

Orlando, FL 32801

City/State and Zip Code

Orlando, FL 32801

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

For further information concerning this matter, please call:

Abena Tene Williams

862 318-2422
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**

FILED

1010 BROTHERS AVE LLC

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

2024 DEC 27 AM 8:50

The Articles of Organization for this Limited Liability Company were filed on 09/20/2024 at OFFICE OF STATE and assigned Florida document number L24000392689 TALLAHASSEE, FL

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

City, 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------------|--|
| MGR | WILLIAMS, ABENA T | 111 N ORANGE STREET 800 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | WILLIAMS, HAILE A | 111 N ORANGE STREET 800 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32801 | <input checked="" 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 |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 December 11th 2024

A. Zora J. Miller

A. Tene Williams

Typed or printed name of signee