

C24 000 433 995

(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:

REC
10-17

Office Use Only



900433802129

FILED
TALLAHASSEE, FL

2024 OCT 17 PM 4:15

FILED

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: [Signature] _____

2360 NE 199 St. Vlk _____

Business Name _____ #Document # _____

____ Walk in _____ Will wait

____ Certified Copies of the Articles of Incorporation

____ 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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TALLAHASSEE, FL
FLORIDA SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations
2360 NE 199 STREET

SUBJECT: _____
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.

YAMILE ALVEAR

Name of Person

Firm/Company

PO BOX 278084

Address

MIRAMAR, FL 33027

City/State and Zip Code

INFO@YOURFINANCEBEE.COM

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

For further information concerning this matter, please call:

Yamile alvear 786 479-1159

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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2024 OCT 17 PM 4:15
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2360 NE 199 ST 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 10/09/2024 and assigned
Florida document number 124000133925

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 "LLC."

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 | Daniel Ehrlich | 19300 W Dixie Hwy 7 | <input checked="" type="checkbox"/> Add |
| | | Aventura, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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CLERK OF COURT
JULIA M. SCHULTZ

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

7-11-63

2024 OCT 17 PM 4:15

11-2-50

E. Effective date, if other than the date of filing: _____ (optional)

(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.

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.

10/17/2024

Dated

Signature of a member or authorized representative of a member

Paula Stoloricz

Typed or printed name of signee