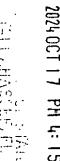
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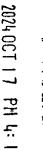
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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

Please use funds from the account, 1202100 Authorization Signature:	
	#Document #
Walk in	Will wait
Certified Copies of the Articles of Incor Certificate of Status	
NEW FILINGS	AMENDMENTS  X Amendment
Profit	XAmendmentResignation of R.A. Officer/DirectorChange of Registered Agent ? Dissolution/Withdrawal
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	_ Foreign Filing
Ficutious Name	Partnership Reinstatement CORRECTION for a Foreign LLC
Statement of Authority	
APOSTII.	Domestication of a Foreign Corp.
COUNTRY	Other
EXAMINER'S INITIALS:	

## **COVER LETTER**

TO: Registration Se Division of Cor	ection Poorations		
	99 8111.0		
SUBJECT:			
	Name of Lim	ited Linbility Company	**************************************
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling	
Please return all correspo	ondence concerning this matter	to the following.	
	YAMILEALVEAR		
		Name of Person	
		Firm Company	202
	PO BOX 278084		4000
	MIRAMAR, FL 33027	Address	2024 OCT 17 PM 4: 15
	INFO@ YOURFINANCEB	City State and Zip Code FECOM	17% T
	I -mail address (	to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	ull:	
Yamite alveur		786 479-1159	
Name (	M Person	at () Area Code Daytime I	Lelephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Secti	•
KC94SIFallon (	accuon	Registration Secti	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

2360 NE 199 ST LLC

(Name of the Limited Liability Company as it now appears on our records,)

The Articles of Organization for this Limited Liability Company were filed on and assigned Elorida document number 124000133995  This amendment is submitted to amend the following.	and assigned	
lorida document number  124000133995  his amendment is submitted to amend the following.  If amending name, enter the new name of the limited liability company here:  he new name must be distinguishable and comfain the world. "I mitted Liability Company the designation. 111" or the abbreviators 211  inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  inter new mailing address. if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If I amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Fore Honda structualdress  Florida  Florida		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "I ii	muted Fiability Company – the designation (1110) or r	he abhreviation 2.1.1
Enter new principal offices address, if applicable:		6 6
• •	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SS P
B. If amending the registered agent and/or register agent and/or the new registered office address here.	ed office address on our records, <u>enter the</u> :	name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	I nice I lornia street address	
	Florid	a
	and assigned of the following.  In name of the limited liability company the designation 11 C or the abbreviation 11 C or	

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>l'itle</u>	<u>Name</u>	<u>Address</u>	Lype of Action
MGR	Daniel Ehrlich	1930) W Dixie Hwy 7	
			<b>≠</b> Add
		Aventura, FL 33180	
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			T.Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necess			
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: Grand	ve date, if other than the date of filing: (options	.h		
i an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fili	ng.) Pursuant	to 605.02	07
Note:   locume	If the date inserted in this block does not meet the applicable statutory filing requirements, this dant's effective date on the Department of State's records.	ite will not b	e listed	احد
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day	v after th	
d is file		7001 00	, 4.1.0. 11	
	WI 71212 L			
	0/17/2024			
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	1 rule tarace		_	
	Signature of a member of authorized representative of a member		<del></del>	
	Paula Stolowicz Paula Stolowicz			