

24000503155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

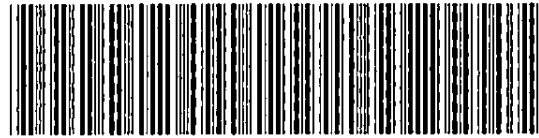
(Document Number)

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2024 DEC 11 AM 10:16

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2024 DEC 11 AM 11:31

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

Please use funds from the account 120210000160: \$25.00

Authorization Signature 

3234 SW 53 CT LLC L24000503155

Business

#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.  
\_\_\_\_\_ 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  
\_\_\_\_\_ CORRECTION for a LLC  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
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TALLAHASSEE, FL 32309  
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Other

EXAMINER'S INITIALS:

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3234 SW 53 CT 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:

Yaakov Elkarif

\_\_\_\_\_  
Name of Person

3234 SW 53 CT LLC

\_\_\_\_\_  
Firm/Company

1815 GRIFFIN RD, STE 404

\_\_\_\_\_  
Address

DANIA BEACH, FL 33004

\_\_\_\_\_  
City/State and Zip Code

worldglassusa@gmail.com

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

For further information concerning this matter, please call:

Yaakov Elkarif

305 988 - 1450  
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

3234 SW 53 CT LL

2024 DEC 11 AM 10:17

(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 12/6/2024 and assigned  
Florida document number L24000503155.

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	Chana Elkarif	1815 GRIFFIN RD, STE 404 DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yaakov Elkarif	1815 GRIFFIN RD, STE 404 DANIA BEACH, FL 33004	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

We are removing Yaakov Elkarif as one of the managers because it was entered twice and adding

Chana Elkari as the second manager.

The two managers are Chana Elkarif and Yaakov Elkarif.

**E. Effective date, if other than the date of filing:** 12/6/2024 **(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.

Dated December 10th /2024

DocuSigned by:

Yaakov Elkarif

Signature of a member or authorized representative of a member

C4639F50A636421

Yaakov Elkarif

Typed or printed name of signee