

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000406216 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : VSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
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Email Address: hazel@vstatefilings.com

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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WYCHWOOD HOUSE LLC

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Corporate Filing Menu

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K. SALY

DEC 11 2024

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

((H24000406216 3))

WYCHWOOD HOUSE LLC

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

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FALL KANSAS SEC. COMB.

The Articles of Organization for this Limited Liability Company were filed on 12/05/2024 and assigned  
Florida document number L24000506893.

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)**

55 Spruce Street

Cedarhurst NY 11516

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

55 Spruce Street

Cedarhurst NY 11516

**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**

((H24000406216 3))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(( (H24000406216 3) ) )

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BENJAMIN, JOSEPH	55 Spruce Street	<input type="checkbox"/> Add
		Cedarhurst NY 11516	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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