Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000412784 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number

: (561)214-8442

\*\*EStar the email address for this business entity to be used for future

<u>:-</u>	불으로 nnual report mailings. Enter only one email address please	, **
<u>=</u>	្តីក្រុម Address:	<del></del> -
9	= OH 단요::::::::::::::::::::::::::::::::::::	
<u> </u>	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	
124 D	729 NW 120 LLC	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 729 NW 120 LLC

Certificate of Status	()
Certified Copy	θ
Page Count	04
Estimated Charge	\$25,00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

DEC 17 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



729 NW 120 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 wer	e filed on	12/06/2024	and assigned
Florida document number 1.24000509176			
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 C	ompany." tl	ne designation "LLC" or the ab	breviation "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 addragent and/or the new registered office address here:	ess on ou	r records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter i	Florida street address	
		, Florida	
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionally has been notified in writing of this change.	formance ided for i	of my duties, and I am f n Chapter 605, F.S. Or,	familiar with and if this document is
If Changing	Registered	Agent, Signature of New Reg	gistered 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>	Address	Type of Action
AMBR	George Kelesidis	131 NE 96 Street	□Add
		Miami Shores FL 33138	≅Remove
			□ Change
AMBR	Georgios Kelesidis	131 NE 96 Street	
		Miami Shores FL 33138	□Remove
			☐ Change
			—————————————————————————————————————
			Remove 5
			O'Change F. C.
			Remove
			Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change

<u></u>		
		5.
		5/1 =
		PACIO PAL
		97.
****		
	<u> </u>	
ective date, if other than the confective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to date of filing or morek does not meet the applicable statutory filing	(optional) e than 90 days after filing.) Pursuant to 605,0207 (, requirements, this date will not be listed as th
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dasambar 16th	2024	
ed		
ed		