

L250000 19762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

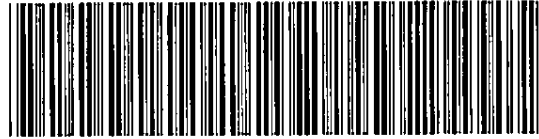
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



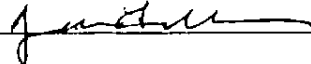
000442601310

FILED
2025 JAN 15 AM 9:30
TALLAHASSEE, FLORIDA

2025 JAN 15 AM 9:30
TALLAHASSEE, FLORIDA

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 

LGG 909 SW 14th Court, LLC L25000019762
Business #Document

Walk in _____ Will wait

_____ Certified Copies of the articles
_____ 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
_____ Revocation of Dissolution
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Amended and Restated Articles

OTHER FILINGS

_____ TRANSMITTAL LETTER
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____
_____ COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ Statement of CORRECTION
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LGG 909 SW 14TH COURT, 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:

ELIOT W RIFKIN

Name of Person

ELIOT W RIFKIN, P.A.

Firm/Company

9200 South Dadeland Blvd., Suite 105

Address

Miami, Florida 33156

City/State and Zip Code

cwr@ewr-law.com

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

For further information concerning this matter, please call:

Eliot W Rifkin

305 670-9330
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: LGG 909 SW 14TH COURT, LLC
Ref. Number: L25000019762

We have received your document for LGG 909 SW 14TH COURT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "Cresent" is also misspelled in the Principal office address. Did you want to correct?

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 625A00001018

RECEIVED

2025 JAN 15 PM 3:24

ST. JAMES
TALLAHASSEE, FL

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

FILED

LGG 909 SW 14TH COURT, LLC

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

2025 JAN 15 AM 9:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 10, 2025 and assigned
Florida document number L25000019762.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LGG 909 SE 14TH COURT, LLC

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)

42 South Crescent
Maplewood, NJ. 07040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 South Crescent
Maplewood NJ 07040

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>
AMBR	Gayla W Germain	42 South Crescent	☐ Add
		Maplewood, NJ 07040	☐ Remove
			☒ Change
AMBR	Lincoln D Germain	42 South Crescent	☐ Add
		Maplewood, NJ 07040	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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OFFICE OF THE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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.

January 14, 2025



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00