## L25000 218 208

(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:
JUL 15 EUZS

Office Use Only



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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee FL 32

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 07/14/25 Order #: 3967328-1 Re: 7 West Flag LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: I2000000195

he Laster

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

Division of Cor			
7 West Fla	g 1.1.C		
завлест:	Name of Lim	nited Liability Company	
Title on the second of the second	· V	anternal Con Clinia	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Kristina Hoshovsky		
		Name of Person	
	M Management Inc.		
		Firm/Company	
	215 Coles Street		
	<del></del>	Address	
	Jersey Clty, NJ 07310		
		City/State and Zip Code	
	Khoshovsky@mmgmt.net	to be used for future annual report noti	(tication)
For further information of	concerning this matter, please c		readon)
	······································		
Nama	of Person	at ()	na Talanhana Numbar
Name	i r cison	Area Code Dayum	e receptione (voltabel
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres	<u>882</u>	Street Address:	
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE () OF

2025 JUL 14 AM H: 40

7 West Flag LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.25000268208}{1.25000268208}$	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
West Flagler Commissary LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter 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 a	ddress
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	•
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. Complete performance of my dutie Cent as provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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
			□ Add
			□Remove
			[] Change
			□ Add
			□Remove
			□Change
<del> </del>			□Add
			□Remove
		<u>-</u>	□Change
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the record cord is fil	d 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 ed.
Dated	July 7, 2025
	Signature of a member or authorized representative of a member
	Moishe Mana
	Typed or printed name of signee

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AMEND-424564