

M230000 1022S

(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



100454488661

07/17/25--01009--000 **25.00

2025 JUL 17 AM 11:46
FBI - NEW YORK
JUL 17 2025

SB 9/6/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 504 NE 7TH AVENUE, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Minner

Name of Person

The Andersen Firm, PLLC

Firm/Company

406 Shelby Street

Address

Kingsport, TN 37660

City/State and Zip Code

LLCAdmin@TAF.law

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

For further information concerning this matter, please call:

Amy Minner at (866) 230-2206
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 504 NE 7TH AVENUE, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M23000010225

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: August 1, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: 9 S GORDON ROAD, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Amy Minner
Signature of the authorized representative

Amy Minner, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 07/08/2025 08:39 AM
Original ID: 2023-001295297
Amendment ID: 2025-005902596

Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

(Name must match exactly to the Secretary of State's records.)

504 NE 7TH AVENUE, LLC

2. The date of filing its articles of organization: July 6, 2023

(Date must match exactly to the Secretary of State's records.)

3. Article number(s) ARTICLE ONE is amended as follows:

*See checklist below for article number information.

The name of the Close Liability Company is:

9 S GORDON ROAD, LLC

Signature: Amy Minner
(Shall be executed by a person authorized by the company.)

Date: 6/13/2025
(mm/dd/yyyy)

Print Name: Amy Minner

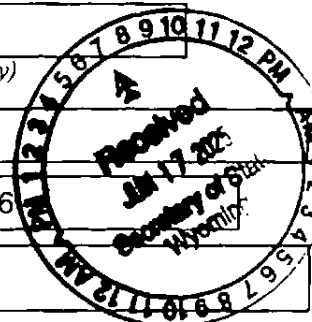
Contact Person: Amy Minner

Title: Authorized Person

Daytime Phone Number: 866-230-2206

Email: LLCAdmin@TAF.LAW

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)



Checklist

- ☒ **Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.
- ☒ **Processing time is up to 15 business days** following the date of receipt in our office.
- ☒ Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**
- ☒ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**
- ☒ *Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article. **Article number(s) is not the same as the filing ID number.**

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **9 S GORDON ROAD, LLC**
Old Name: **504 NE 7th Avenue, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **8th** day of **July, 2025**



Filed Date: 07/08/2025

A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

By: Kim McColl