

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.

(((H24000252009 3)))



H240002520093ABC1

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 : ANDERSON BUSINESS ADVISORS

Account Number : I20230000109 Phone : (800)706-4741

Fax Number : (702)664-0545

Fig.:
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ra@andersonadvisors.om

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 821 SOUTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 26 2024 < Brumbley From: Wendy Balelo

TO:

- Fax: 17025\$19585

Registration Section

īo.

Fax. (850) 617-6383

Page: 3 of 5

07/25/2024 10:10 AM

COVER LETTER

Division o	f Corporations		
SUBJECT: 821 S	outh, LLC		
SC100 CC 11	Name of Lin	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Kyla G al van		
		Name of Person	
		Firm Company	
	3225 McLeod Drive, Suite		
		Address	
	Las Vegas, Nevada 89121		
		City/State and Zip Code	
	ra@andersonadvisors.com E-mail address: (to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please c		
Kyla Galvan		800 706-4741	
N:	une of Person		: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 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 Ac	ldress:	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: Wendy Balelo

. Fax: 1702\$519585

To.

Fnx: (850) 617-6383

Page: 4 of 6

07/25/2024 10:10 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

821 South, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa $\frac{1.24000321906}{1.000000000000000000000000000000000000$	nny were filed on <u>07/19/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
821 South Blvd, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		24 JII
New Registered Office Address:	Enter Florida street address	75 CA
	Florid	
	Cip	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	\sim \sim

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.

From: Wendy Balelo - Fax: 17025519585 To. Fax: (850) 617-6383 Page: 5 of 6 07/25/2024 10:10 AM

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			🗖 Add
			□Remove
			IChange
			
			Remove
			□Change
			□Add
			ПРеточе
			□Change
			
			□ Renюve
			Ti Trange

		_
		_
		_
		_
		_
		
		-
		_
		_
		_
		_
 		_
		_
 -		_
		_
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	ne date of filing:	05.0207 (3)(b) sted as the
If the record specifies a delayed efferecord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated July 25	2024	
	<u> </u>	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee