L13000 077 788

(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 Eiling Officer			
Special Instructions to Filing Officer:			
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COVER LETTER

		istration Sec sion of Corp				
SHR IF7		1755 LB, LI				
.50155120	.		Name of Limited Liability Company			
The encl	losed	Articles of z	Amendment and fee(s) are sub-	nitted for filing.		
Please re	eturn	all correspoi	ndence concerning this matter t	to the following:		
			Alicia Dominguez			
			1755 LB, LLC	Name of Person		
			2937 SW 27th Ave Suite 20	Firm/Company		
			Miami, FL 33133	Address		
	City/State and Zip Code ado@bdevelopments.com					
For furth	her in	formation co	E-mail address: (to oncerning this matter, please co	o be used for future annual report noticall:	ication)	
Alicia D	Oomir	iguez		305 6316660		
		Name of	Person	at () Area Code Daytime	e Telephone Number	
Enclosed	d is a	check for th	e following amount:			
\$25.	.00 Fi	iling 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)	
			ING ADDRESS:	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1755 LB, 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 v	were filed on $\frac{056}{2}$	5/2%EURE TARY OF STAFE and assigned
Florida document number L13000077788		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company he	ere:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Unton non-mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		n our records, enter the name of the ne
	•	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Floi	rida street address
		, Florida Zip Code
	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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SMGR	Fernando E. Granda	2937 SW 27th Ave Suite 202 Miami FL 33133	≅ Add
			☐ Remove
			☐ Change
MGR	Sebastian Barbagallo	2937 SW 27th Ave Suite 202 Miami, FL 33133	
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
· 			Add
			☐ Remove
			□ Change
			🗆 Add
			☐ Remove
			Change
			Remove
			Change

(If an c Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	July 25 . 2019
Dated	t 111 2 W
Dated	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00