

L15 0000 58338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

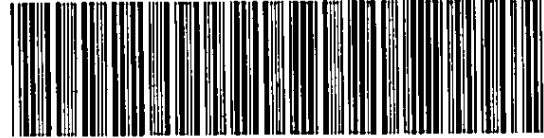
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CORPORATIONS
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J. G. ...

NOV 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 410 SW 57 AVE LLC.. a Florida Limited Liability Company

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:

LISET PORRERO

Name of Person

Firm/Company

410 SW 57th Avenue

Address

Miami, Florida 33144

City/State and Zip Code

discoveryyearscc@gmail.com

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

For further information concerning this matter, please call:

LISET PORRERO

305 915-3600
at ()
Area Code Daytime Telephone Number

Name of Person

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

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

410 SW 57TH AVE LLC., a Florida Limited Liability Company

(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 were filed on 04/02/2015 and assigned Florida document number L15000058338.

This amendment is submitted to amend the following:

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

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:

410 SW 57th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33144

Enter new mailing address, if applicable:

410 SW 57th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33144

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: John R. Cintron

New Registered Office Address: 1026 Coral Way

Enter Florida street address

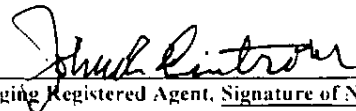
Coral Gables, Florida 33134

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>
MGR	TANIA I. CINTRON	4740 NW 7th Street	<input type="checkbox"/> Add
		Miami, Florida 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AMBR	JOHN R. CINTRON	1026 Coral Way	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LISSET PORRERO	410 SW 57th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 9th 2022

Signature of John R. Cintron

Signature of a member or authorized representative of a member

JOHN R. CINTRON

Typed or printed name of signee