L16000174259

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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FILED 2020 OCT 20 PM 2: 27

COVER LETTER

Registration Section
Division of Corporations

TO:

	56TH STREET, LLC		
SUBJECT:	Name of Limi	ited Liability Company	_
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
	pondence concerning this matter		
	Pedro Sanchez		
		Name of Person	
	10 WEST 56TH STREET.	, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	45 West 17TH Street		
		Address	
	Hialeah, FL 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
Maritza Hernandez		786 473-0405 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 WEST 56TH STREET, LLC			
(Name of the Limi	ted Liability Company a (A Florida Limited Liab	as it now appears on our record ility Company)	<u>s.</u>)
The Articles of Organization for this Limited I	iability Company we	re filed on 09/16/16	and assigned
Florida document number L16000174259	<u></u> .		ہ
This amendment is submitted to amend the fol	lowing:		PAR OCT
A. If amending name, <u>enter the new name o</u>	of the limited liability	y company here:	MAR DCT 20 PH
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 appli	cable: _	<u></u>	27
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	- registered office add	ress on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Giselle Sanchez		
New Registered Office Address:	45 West 17th Stree	·t	
		Enter Florida street addres	S
	Hialeah	, Flo	orida <u>33010</u>
		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>	Type of Action
AMBR	Maritza Hernandez	45 West 17th Street	■ Add
		Hialeah, FL 33010	□Remove
			MAN OF THE
			Remove Figure 20 APP
			☐ Refrace
			⊡Remove
			Cl Change
	·		□Add
			Remove
			□ Change
			□Add
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			□Change

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