## L16000174350

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orly Grate/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





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2020 OCT 20 AH IO: 19
SECRETARY OF STATE
TALL // DASSEE, FI

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## **COVER LETTER**

Tallahassee, FL 32314

Division of Co	ection rporations		
- I :	Name of Lim	ited Liability Company	
losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
eturn all corresp	ondence concerning this matter	to the following:	
	Pedro Sanchez		
		Name of Person	<del></del>
	1421 WEST 42ND STREE	ET, LLC	
		Firm/Company	
	45 West 17th Street		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Hialeah, FL 33010		
		City/State and Zip Code	<del></del>
	yogirentals@gmail.com		
		·	ification)
ier information	concerning this matter, please ca	aH:	
Hernandez		786 473-0405	
Name	of Person	Area Code Daytin	ne Telephone Number
d is a check for	the following amount:		
.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)
Registration Division of	Section Corporations	Street Address: Registration Se Division of Co	rporations
	osed Articles of eturn all correspondent information. Hernandez  Name  I is a check for .00 Filing Fee  Mailing Addra Registration Division of .00 Division Division of .00 Division of .00 Division of .00 Division Division of .00 Division	1421 WEST 42ND STREET, LLC  Name of Lim  Name of Lim  Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  Pedro Sanchez  1421 WEST 42ND STREE  45 West 17th Street  Hialcah, FL 33010  yogirentals@gmail.com  E-mail address: ( her information concerning this matter, please concerning this matter, please concerning this matter, please concerning the same of Person  I is a check for the following amount:  On Filing Fee  S30.00 Filing Fee & Certificate of Status  Mailing Address:  Registration Section  Division of Corporations	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Pedro Sanchez  Name of Person  1421 WEST 42ND 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 are information concerning this matter, please call:  Hermandez  Name of Person  1 is a check for the following amount:  0.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclused)  Mailing Address:  Registration Section  Street Address:  Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our teority) TARY OF OTATE

FILED

1421 WEST 42ND STREET, LLC

2020 OCT 20 AH 10: 19

	(A Florida Limited Liability Company)	TALLAMASSEE, FL
he Articles of Organization for this Limited	Liability Company were filed on $\frac{9/16}{}$	and assigned
lorida document number 1.16000174350		
nis amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company here	<u> </u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFIC</u>	<u> </u>	
. If amending the registered agent and/or gent and/or the new registered office addr		ords, enter the name of the new registe
	<u></u>	
Name of New Registered Agent:	Giselle Sanchez	
	45 West 17th Street	
New Registered Office Address:		
New Registered Office Address:	Enter Florid	a street address
New Registered Office Address:		, Florida 33010

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>	Name	Address	Type of Action
AMOR	Maritza Hernandez	45 West 17th ST	■Add
		Hialeah, FL 33010	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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		<del></del>	\ \_Remove

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		<u>-</u>		<del></del>
ffective date, if other than the can effective date is listed, the date must Note: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior took does not meet the applica	to date of filing or more than able statutory filing requi	(optional) n 90 days after filing.) Pursuant rements, this date will not b	40 605.0207 pe listed as t
	date, but not an effective tir	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
record specifies a delayed effective d is filed.  October 15	e date, but not an effective tir	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
of is filed.  October 15  October 15	2020 Sandre	_ ·		y after the
of is filed.  October 15  October 15		_ ·		y after the