## 116000187793

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations			
CHIDA	6502 NE 2N	ND CT L.L.C.			
SUBJ	ECI:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Victor Princiotta			
			Name of Person		
	Firm/Company				
	1900 N Bayshore Dr. Apt. 2204				
		Miami, FL 33132			
			City/State and Zip Code		
		victorprinciotta@gmail.com  E-mail address: (	to be used for future annual report notif	ication)	
For fu	rther information co	oncerning this matter, please c	•	•	
Victor	r Princiotta		305 725 0124 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclos	sed is a check for th	ne following amount:			
\$2	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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6502 NE 2ND CT L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/11/2016	and assigned
This amendment is submitted to amend the following:	Organization for this Limited Liability Company were filed on 10/11/2016 and assigned 11 number L16000187793  It is submitted to amend the following:  It is sub	
A. If amending name, enter the new name of the limited liab	ility company here:	
229 NE 65TH ST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138	
Enter new mailing address, if applicable:	229 NE 65TH ST	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33138	
registered agent and/or the new registered office address her		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		7 CO
	, Florida	Zip Cade
New Registered Agent's Signature, if changing Registered Agent:	•	) 2: 03

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, $\underline{\text{enter the title, name, and address of each person}}$ being added $\underline{\text{or removed from our records:}}$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Victor Princiotta	1900 N Bayshore Dr	■ Add
		Apt 2204	☐ Remove
		Miami, FL 33132	☐ Change
MGR	Andrew Mclees	111 Curtiss pkwy	□ Add
		Miami Springs, FL 33166	□ Remove
			■ Change
MGR	Michael Schubert	10750 SW 11th st,	Add
		UA-KIII	□ Remove
		Miami, FL 33174	■ Change
MGR	Gregorio Alvarez Malagon	254 NW 53rd st	Add
		Miami, FL 33137	□ Remove
			■ Change
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record specifies a delaye he 90th day after the re			ot an effect	ve time, at 1	.2:01 a.m. c	on the earlie	rc
October 14		2016	·				
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Typed or printed name of signee

Filing Fee: \$25.00