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(Re	equestor's Name)	
(Ad	ldress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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TO: Registration Se Division of Cor				
subject: <u>20</u>	40 NE 18 Name of Limit	ed Liability Company	LC	
	Amendment and fee(s) are submondence concerning this matter to			
·	Joseph (da	_
	1000 E	Firm/Company Island 1	BIV 1 #2	- -509
	Aventura Joey @ H	FL 33	160	
For further information c	oncerning this matter, please cal			
Joseph Name o	Castaneda f Person	at (305) 7 Area Code	Daytime Telephone Numb	der er
Enclosed is a check for the	_			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certific	Filing Fee, cate of Status & cd Copy nal copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Division of Clifton Bui	Corporations Iding Inve Center Circle	

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2040 NE 18	1 ST, LLC
(Name of the Limited Liability Company as (A Florida Limited Liabil	ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 112717 and assigned
Florida document number <u>L17000241.7</u> 48	, and the second
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 C	ompany the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	88 77
	₹
Enter new mailing address, if applicable:	N (30)
(Mailing address MAY BE A POST OFFICE BOX)	PH
<u> </u>	्रा
	3g
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
	· ·
Name of New Registered Agent:	
New Registered Office Address:	
The Williagistered Office Products.	Enter Florida street address
•	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perjuccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person rom our records:	n(s) authorized to mana	nge, <u>enter the titl</u>	e, name, and addre	ess of each pe	erson being added
MGR = Ma AMBR = Au	nager Ithorized Member					
<u>Title</u>	Name		Address	Televale	احالت (سال اد	Type of Action
AMBR	Joseph	Castaneda	Aventu	ra, FL 3	3160	-S 0 9 _ X ∧dd
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						_□ Change
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ve date, if other than the date of f ective date is listed, the date must be specifi	filing:	(optional) r) Purcuent to 60:
If the date inserted in this block does rent's effective date on the Department	not meet the applicable statut	ory filing requirements, this date	will not be list
ent's effective date on the Department	for state's records.		
	ve date, but not an effe	 ective time, at 12:01 a.m.	on the earli
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90th day after the record is fil	led.		
ord specifies a delayed effective 90th day after the record is fill the second is fill the second is fill the second is fill the second in the	led.		
90th day after the record is fil	led.		
	18. 2017.	sentative of a member	
90th day after the record is fill December 2 Japen C	18. 2017. autorital of a member or authorized repres	sentative of a member	

Filing Fee: \$25.00