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JUN 2 2 2019 S. YOUNG

COVER LETTER

Div	ision of Corpo	prations			
SUBJECT:	221NW LLC				
		Name of Limite	ed Liability Company		-
The enclosed	Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
		FRANCES ORTIZ			
			Name of Person		
		COSCULLUELA & MARZ	ANO PA		
			Firm/Company		· · · · · · · · · · · · · · · · · · ·
		7975 NW 154 STREET, #30	02		
			Address		
		MIAMI LAKES, FL 33016			
			City/State and Zip Code		
		RALVAREZ@ACETRANS			
		E-mail address: (to	be used for future annual	report notification	on)
For further in	nformation con	cerning this matter, please cal	1:		
FRANCES (ORTIZ		305 81	7-2172	
	Name of P	Person		Daytime Tele	phone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee a Certified Copy (additional copy is end		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

221NW LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companial formula document number $\frac{L19000137016}{L19000137016}$.	y were filed on 5/21/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
2211NW LLC, a Florida limited liability company	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	正符 9
	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
Enter new mailing address, if applicable:	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT
(Mailing address MAY BE A POST OFFICE BOX)	
	25
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action	
			□ Add	
			□ Remove	
			☐ Change	
		,	Add	
		·	□ Remove	
			Change	
			Add	
				
			Change	
			Add	
			□ Remove	
			Change	
			Remove	
			□ Chaлge	
			□ Remove	

☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	June 6,2 2019.
	Signature of a member or authorized representative of a member
	Frances 02712
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00