## L19000142592

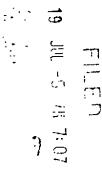
(Requestor's Name)				
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JUL 1 7 2019 S. YOUNG

## **COVER LETTER**

Division of Co	·			
823 VIC I SUBJECT:	PARK LLC			
	Name of Limited Liability Company			
The englosed Articles o	of Amendment and fee(s) are sub	mitted for filing		
Please return an corresp	pondence concerning this matter	to the following.		
	Jack Avid			
		Name of Person		
	823 VIC PARK LLC			
		Firm/Company		
	920 Collins Ave.			
		Address	<del></del>	
	Miami Beach, FL 33139			
	City/State and Zip Code			
	Mariano@sobe-hostel.com			
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c	all:		
Mariano Leo		786 431-9931		
Name	of Person		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)	
		opposition of the second of th	DB ANIMPES.	

MAILING ADDRESS:

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**Registration Section** 

TO:

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

823 VIC PARK LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/29/2019}{1}$ and assigned Florida document number L19000142592 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OVED, STEVEN		Add
			☐ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	■ Change
			☐ Remove
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			☐ Remove
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			Remove
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			Remove
			□ Change

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	07/02/2010
	07/03/2019 ive date, if other than the date of filing:
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 2nd 2019
	//www////
	Signature of a member or authorized representative of a member
	Jack Avid

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00