LZO 000 177531

(Reques	tor's Name)
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COVER LETTER

TO: Registration Solution of Col			
3111 NE 5 SUBJECT :	9 ST LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	BENJAMIN DE SOUSA		
		Name of Person	
	3111 NE 59 ST LLC		
		Firm/Company	
	1570 SE 23RD AVE		
		Address	
	POMPANO BEACH FL 3	3062	
		City/State and Zip Code	
	DESOUSA@STYLIQUE.E		· · · · · · · · · · · · · · · · · · ·
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	icauon
BENJAMIN DE SOUS	Ą	954 857-8278	
Name	of Person		Telephone Number
Enclosed is a check for t	he 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

3111 NE 59 ST LLC

(Name of the Limited Liability Company as it now appears on our records.)

			• •
The Articles of Organization for this Limited Lia Florida document number L20000177531	bility Company were filed on	6/24/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>:</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>	· - · · · · · · · · · · · · · · · ·	
			
		ords, <u>enter the nar</u>	ne of the new registe
		ords, <u>enter the nar</u>	ne of the new registe
agent and/or the new registered office address	here:		ne of the new registe
agent and/or the new registered office address Name of New Registered Agent:	here:	ords, enter the nar	ne of the new registe
	here:		ne of the new registe

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>	Name	<u>Address</u>	Type of Action
MBR	HEPHELLE LLC	1570 SE 23RD AVE	
		POMPANO BEACH FL 33062	□Remove
			□ Change
			Remove
		 	Change
			□∧dd
			□Remove
			Change
			□∧dd
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. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet t	he applicable statutor	ng or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 605 , this date will not be list	5.0207 (3)(i ed as the
the record specifies a delayed effect cord is filed.	ive date, but not an et	fective time, at 12:0	l a.m. on the earlier of	f: (b) The 90th day afte	er the
Dated	20.	20			
	<i></i>	·			

Typed or printed name of signee