LZ1000042173

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100366892051

05/27/21--01013--030 **25.00

2211111111112:02

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
7802 DOR				
UBJECT:	ited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	_		
	ALEX ESPENKOTTER, I	ESQ.		
		Name of Person		
	HELLER ESPENKOTTE	R, PLLC		
		Firm/Company	(a) == (a)	
	2701 PONCE DE LEON I	BOULEVARD, SUITE 301		
		Address		
	CORAL GABLES, FLOR	IDA 33134		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	Alex@hellerlawgroup.com			
	E-mail address: (to be used for future annual report noti	fication)	
for further information c	oncerning this matter, please c	all:		
Alex Espenkotter		305 777-3765		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7802 DORADO, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number ____L21000042173 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 468 ALBANY, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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

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.

__, Florida

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
			□ Change
			□Add
		-	□Remove
			Change
			□Add
			□Change
			□Add
			Change
			□Add
			Remove
			🗀 Add
			□Remove

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>,</u>
•••	
<u></u>	
Note: If	date, if other than the date of filing:
f the record secord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 19 2021
	Signature of a member or authorized representative of a member
	ALEX ESPENKOTTER, ESQ. Typed or printed name of signee