## L21000094741

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filia Office.
Special Instructions to Filing Officer:
~ / 5
5/5/21 Try

Office Use Only



500361975365

RECEIVED
MAR 1 5 2021

03/16/21--01009--013 \*\*25.00

21 MAR 15 PM 4: 10

## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
153X, LLC			
SUBJECT:		nited Liability Company	
The analoged Asticles of	Amandment and foods are out	amittad for film.	
	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	
	Phillip Li		
		Name of Person	
		Name of Ceson	
	153X, LLC		
		Firm/Company	
	2225 W 78th Street		
		Address	
	Hialeah, FL 33016		
		City/State and Zip Code	
	phillip@bergolla.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	rall:	
Alexa Mendez		305 887-3088	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration S Division of C	Section orporations	Street Address: Registration S Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21 MAR 15 PM 4: 10

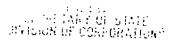
153X, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reconstituted Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 3/5/2021	and assigned
lorida document number L21000096741	<u>_</u> .	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	<del></del>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	,, I	Florida
	Cirv	Zip Code

## 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 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	Address	21 MAR 15 PM 4:	Type of Action
AMBR	153 DEVELOPMENT, LLC	2225 W 78TH STREET		<b>=</b> Add
		HIALEAH, FL 33016		🗆 Remove
				□Change
		·	<del></del>	□Add
				□Remove
				□Change
				□Add
			·	□Remove
				□Change
	<del></del>			□ Add
				□Remove
	•			□Change
				□Add
				□Remove
				□Change
				🗆 Add
		<del></del>		□Remove
				Change

f amending any of			,		atvision up	CCRIS	Zidat. Oratioa
					21 MAR 15		
						_	
				<u>-</u>			
		_			_		
<u>_</u>					_		
					<u></u>		
	_		-	<del>-</del>			
	-			_			
					<u> </u>	•	, <u></u>
							<del></del>
		_		-			
			<u> </u>				
			<u> </u>	<u>-</u>	<u>-</u>		
<del></del>		<u>-</u>					<del>_</del>
			<u>-</u> -	_			
m effective date is liste ote: If the date inser	ner than the date of d, the date must be spec rted in this block doe date on the Departme	rific and cannot be is not meet the a	prior to date of til pplicable statuto	ing or more that	(option 90 days after firements, this	iling \F	Pursuant to 605.020 ill not be listed as
ecord specifies a del is filed.	ayed effective date, l	out not an effect	ive time, at 12:0	l a.m. on the	earlier of: (b)	The <sup>6</sup>	90th day after the
red March	11th	206 	and )	7			
<del></del>	Signatu	e of I member or	authorized represe	entative of a me	ember	_	
	1	211.0.0.0	11100				