L22000

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		. HORNE AY - 3 2023
	<u> </u>	

Office Use Only



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RECEIVED

Sunshine State Corporate Compliance Company

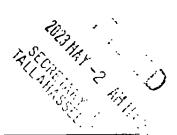
3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/02/2023	-	⇔WALK IN⇔
ENTITY NAME 1951 W	7. Flagler Street, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy Certified Copy Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA		
TOTAL OWED \$25	ACCOUNT #: 120160000072	2
Please call Tina at t	the above number for any issues or concerns. Thank you so	much!

COVER LETTER

TO: Registration Sec Division of Corp	tion orations .		
	AGLER STREET, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
;			
	d. Car(a) and sub-	mitted for filing	
	mendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Gryska Sotolongo	·	
		Name of Person	1
	Thomas G. Sherman, P A.		
·		Firm/Company	
	90 Almeria Avenue		•
		Address	
	Coral Gables, FL 33134	•	
	<u> </u>	City/State and Zip Code	
	Katherin Nolasco@wolfsonl		,
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
Gryska Sotolongo		305 448-5898 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
	ş	☐ \$55,00 Filing Fee &	□ \$60.00 Filing Fee,
■ \$25.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	7.2	·	
Mailing Address		Street Address:	ation
Registration S Division of C	•	Registration Se Division of Cor	
P.O. Box 632	- 1	The Centre of	3
Tallahassee, F	1	2415 N. Monro Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1951 W. FLAGLER STREET, LLC

company has been notified in writing of this change.

(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 Janua	ary 27, 2022	and assigned
Florida document number L22000030913			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	,		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
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 rec	cords, enter the name	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
·	Enter Floria	la street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr		apacity. I further agr	ee to comply with the
provisions of all statutes relative to the proper and complete	performance of n	ny duties, and I am fo	imiliar 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

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Jonah Wolfson	3399 SW 3rd Ave	🗏 Add
		Miami, FL 33145	□Remove
MGR	Thomas G. Sheman	90 Almeria Avenue	□Add
		CoralGables, FL 33134	■Remove
			Change
			□Add
			Remove
		□ Add	
			□Remove
			□Change
		□Add	
			□Remove
			Change
			□Add
			Remove
			□ Change

Fective date, if other than the date of filling: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to tote: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be locument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a is filled. April 27 , 2023	•
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is filed.	ay after the
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$\frac{\Delta \rho n!}{\Delta \rho} = \frac{2023}{1}$	
$\left(\frac{1}{1} \right)$	
$I/I \land I$	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00