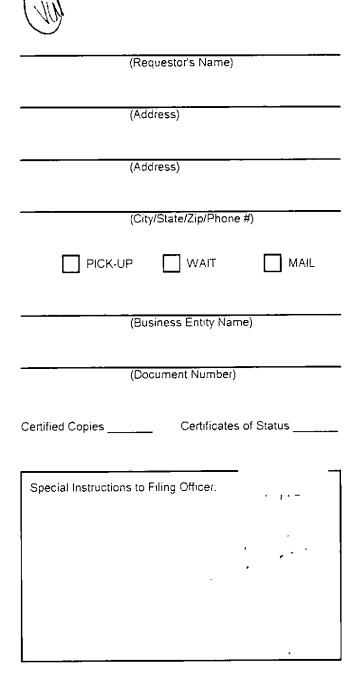
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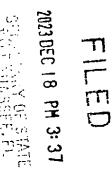


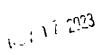




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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor						
/*# 1 95 P.5 72		4936 S CLEVELAND AVE LLC					
SUBJEC	.T:	:Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are subr	nitted for filing.				
		ndence concerning this matter t					
		Michael Aviles					
Name of Person							
Aviles Law							
Firm/Company							
145 Hudson Street, Suite 5C Address							
Cny/State and Zip Code maviles@mjavileslaw.com							
			o be used for future annual report noti	fication)			
For furti	her information c	oncerning this matter, please ca	dl:				
Michael Aviles			212 307-0187 at ()				
Name of Person		f Person	Area Code Daytim	te Telephone Number			
Enclose	d is a check for t	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 Address: Registration Section		<u>Street Address:</u> Registration Se	ection				
Division of Corporations			Division of Corporations The Centre of Tallahassee				
P.O. Box 6327		27	i ne Centre of	i ananassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4936 S CLEVELAND AVE LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on October 6, 2023	and assigned	
lorida document number L23000462693			
this amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabil	ity company here:		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	τ the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		7023 DE	
		<u> </u>	
	-		
Inter new mailing address, if applicable:			
<u> </u>			
ailing address MAY BE A POST OFFICE BOX)			
		3 <u></u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Florida street address		
<u></u>	, Flori	ida Zip Code	
	City	Zip Coae	

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>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL AVILES	145 HUDSON STREET SUITE 5C	≡ Add
		NEW YORK, NY 10013	□Remove
			□Change
			□ Add
			Remove
			□ Change
	5.4.1MW. 120		
			□Remove
		 	Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Noveyber 16. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Michael Aviles