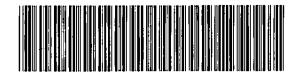
## L25000033641

(Req	uestor's Name)	
(Addi	ress)	
	ress)	
(City/	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
Aeceived Bac	k 5-5-2	S

Office Use Only



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April 14, 2025

1725 W 58 ST, LLC 3162 COMMONDORE PLAZA SUITE 3E COCONUT GROVE, FL 33133 US

SUBJECT: 1725 W 58 ST, LLC Ref. Number: L25000033641

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

This document was previously filed on March 5, 2025.

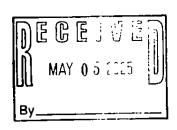
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Mary C Malone Amendment Section

Letter Number: 025A00007879



## **COVER LETTER**

TO: Registration Se Division of Cor		*			
1725 W 5	8 ST, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	-			
	ALEXIS GONZALEZ				
		Name of Person			
	LAW OFFICE OF ALEX	IS GONZALEZ, P.A.			
		Firm/Company			
	3162 COMMODORE PL	AZA, SUITE 3E		:•	202
		Address		,	2025 MAK
COCONUT GROVE, FL 33133			2000	ار ان	
		City/State and Zip Code			rn n
	ALEXIS@AGLAWPA.CO			35	ب
	E-mail address: (	to be used for future annual report notif	ication)	3,2	ن
For further information c	oncerning this matter, please c	ali:			
ANN MONGE		305 223-9999			
Name o	f Person		: Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of Standard Certified Copy (additional copy is e	atus &	
Mailing Addres	s:	Street Address:			

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

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

1725 W 55	8 ST, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 1/17/2025	and assi	gned
Florida document number L25000033641			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:	7841 NW 160 Terrace		
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, Florida 33016		202
			<u> </u>
		27. 23.	χυ !
Enter new mailing address, if applicable:	7841 NW 160 Terrace		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	Miami Lakes, Florida 33016	2.2	±.
		35	<u>ं</u>
			7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new	<u>regist</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		<del>-,-</del>
	, Florida		
	City	7in 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>	<u>Name</u>	Address	Type of Action
MGR	Yosvani Alfonso	7841 NW 160 Terrace	□Add
		Miami Lakes, Florida 33016	□Remove
			Change
Treasurer	Damian Hernandez	2830 SW 98 Avenue	<b>=</b> Add
		Miami, FL 33165	□Remove
			□Change
			□Add
			□ Remove
			☐ Change
	<del></del>		□Add
	<del></del>	Remove	
			□Change
	<del></del>		
		<del></del>	□Remove
			Change
		□Add	
			□Remove
			□Change

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
	<del></del>	
-		
Note: If the	date, if other than the date of filing:	207 (3)(b) as the
If the record sp record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	February 26 , 2025	9095 HAR
	Signature of a member or authorized representative of a member	S
		χ. Επ. τ
	Typed or printed name of signee	 ພ

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