L25000033641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Back 5-5-25

Office Use Only

400445832984

25-03-25--01001--032 **43.75

2025 MAR -5 PM 5:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
MAY 05 2025
By

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1725 W 58 ST, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS GONZALEZ
Name of Person

LAW OFFICE OF ALEXIS GONZALEZ, P.A.
Firm/Company

3162 COMMODORE PLAZA, SUITE 3E
Address

COCONUT GROVE, FL 33133
City/State and Zip Code

ALEXIS@AGLAWPA.COM
E-mail address: (to be used for future annual report notification)

2025 MAR -5 PM 5:37

For further information concerning this matter, please call:

ANN MONGE at (305) 223-9999
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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 58 ST, LLC

(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 1/17/2025 and assigned Florida document number L25000033641.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

7841 NW 160 Terrace
Miami Lakes, Florida 33016

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7841 NW 160 Terrace
Miami Lakes, Florida 33016

2025 MAR -5 PM 5:27

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

_____, **Florida** _____
City *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 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

Title	Name	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	■Add
		Miami, FL 33165	☐Remove
			☐Change
			☐Add
			☐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 February 26, 2025

Signature of a member or authorized representative of a member

ALEXIS GONZALEZ

Typed or printed name of signee

2025 MAR -5 PM 5:37

Filing Fee: $25.00