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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 251 SOUTHWEST 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:		
Felipe Aguilar		
Name of Person		
Firm/Company		
8150 sw 8th street suit # 118	20 7.1	
Address	2014 APR	-
Miami FL, 33144	70 70 A	4 Sign
City/State and Zip Code		€ ~11;
felipe2180@live.com	PS 3	
E-mail address: (to be used for future annual report notification)	02110 02110	*; <u>,,</u> ,
For further information concerning this matter, please call:	· 영화 (1986)	
Felipe Aguilar _{at} 786, 519-9560		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & ■ \$60.00 Filing	ng Fee	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

251 SOUTHWEST LLC

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on o	ur_records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL14000046212			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address. Name of New Registered Agent:	red office address on our s here:	records, enter t	2014 APR - Lee Name of the STATE RESTATE
New Registered Office Address:			
	Enter Florida stre	eet address	
	City	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Felipe Aguilar	16901 sw 256th street	= Add
		Homestead FL, 33031	□ Remove
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guilar						
	Typed or printed	d name of signee			37	20
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(Signature of a guilar	guilar		guilar		guilar

Page 3 of 3

Filing Fee: \$25.00