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17 MAY 22 AM 7: 12 SECRETARY OF STATE

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COVER LETTER

TO:	Registration Solution of Con				
SUBJ	JECT:	601 Conde			
		Name of Lim	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
			Victoria Pineros		
			Name of Person		
			601 Conde Ave LLC	C	
			Firm/Company		
		133	0 West Ave #2206		
			Address		
· ,		Miami	Beach, Fl 33139		
•			City/State and Zip Code		
	,	E-mail address: (victoria@terrazzocapita to be used for future annual r	al.net	
For fi	urther information of	concerning this matter, please co		,	
	Vio	etoria Pineros	at (<u>305</u>)	206-0935	
	Name o	of Person	Area Code	Daytime Telephone Number	
Enclo	sed is a check for t	he following amount:			
□ \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☑ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

601 Conde Ave LLC			
lompany as it now appearmited Liability Company)	ars on our records.)		
pany were filed on _	10/28/2016	and assig	zned
l liability company h	<u>iere</u> :		
Liability Company," the	designation "LLC" or the	e abbreviation "L.L.	C."
<u>(S)</u>			
	n our records, <u>ente</u>	er the name of	the
ictoria Pineros		E See	
		Garage 🔫	: [
1330 West Ave #2206	<u>.</u>	SS SS	5 (35) <u>5 -</u>
	rida street address	SSEE.	d sand
	rida street address , Florida _	SS 22 533139 1 5 Zip Code	of son
ictoria Pineros	 	COROLL STATES	<u>;</u> :
1	I liability company lability Company," the	ed office address on our records, enters here:	and assignation were filed on

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add		
			□ Remove		
			Change		
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ffective date, if other an effective date is listed, thote: If the date inserted ocument's effective date	in this block does no	ot meet the applica	o date of filing or nuble statutory filing	(opt nore than 90 days after g requirements, th	ional) er filing.) Pursi is date will n	uant to 6	605.020 isted a:
e record specifies a The 90th day after	delayed effective the record is file	date, but not	an effective (ime, at 12:01	a.m. on th	ne ear	lier o
ated	May	18, 2017	<u>.</u> .				

Page 3 of 3

Filing Fee: \$25.00