## 113000088765

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SECRETARY OF STATE

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## **COVER LETTER**

	Division of Cor			
SUBJEC		H STREET, LLC		
SUBJEC	l:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		GREG K GONZALEZ		
			Name of Person	
		GREG K GONZALEZ, CI	PΛ, PΛ	
			Firm/Company	
		7900 OAK LANE SUITE	400	
			Address	
		MIAMI LAKES, FL 33010	6	
			City/State and Zip Code	
		GREG@GGCPACO.COM	to be used for future annual report noti	(cution)
For fuely	er information c	oncerning this matter, please or	·	(Controlly)
		oncerning this matter, prease et		
GREG GONZALEZ  Same of Person  Name of Person  Area Code  Daytime Telephone Nur			e Telephone Number	
	Name	i reison	Area Code Mayuun	receptoric varioes
Enclosed	is a check for th	ne following amount:		
<b>\$25.0</b>	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 Taliahassee, 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

765 W. 29TH STREET, LLC

(Name of the Limi	ted Liability Company a (A Florida Limited Liab	as it now appears on our rility Company)	ecords.)
The Articles of Organization for this Limited L Florida document number <u>L13000088765</u>	Liability Company we	re filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y 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 appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		SECOND A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			Service of the servic
		97. 2	
B. If amending the registered agent and registered agent and/or the new registered of		e address on our re	cords, enter the name of the
		_ @	
Name of New Registered Agent:	GAYLE G CONN	<b>₿</b> R, ESQ	
New Registered Office Address:	2663 SW BEAR P	AW TRAIL	
		Enter Florida street	address
	PALM CITY		_, Florida <sup>34990</sup>
		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

<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			□ Change
			□ Remove
			Change
			□ Add
			Remove
			CREATING CHANGE
			O Remove
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cument's effective date on the De	partment of State's	records.				
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Filing Fee: \$25.00