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COVER LETTER

Registration Section

Division of Corporations

):

3400 AM LLC JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: MARCELO RODRIGUEZ Name of Person 3400 AM LLC Firm/Company 3400 N ANDREWS AVENUE Address OAKLAND PARK, FL 33309 City/State and Zip Code DOCUMENTS@IBSTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCELO RODRIGUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **\$55.00** Filing Fee & ☐ \$30.00 Filing Fee & \$25 00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	34	00 AM LLC	
(Name of the Limi	ted Liability Co (A Florida Lim	ompany as it now appears on our recuited Liability Company)	ords.)
e Articles of Organization for this Limited I	iability Comp	oany were filed on 03/06/2020	and assigned
orida document number L20000075196	·		
is amendment is submitted to amend the following	lowing:		
If amending name, enter the new name of	of the limited	liability company here:	
'A			
e new name must be distinguishable and contain the	words "Limited"	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRES.	<u> </u>	
			<u> </u>
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		D 1.1
			ত্ৰ
. If amending the registered agent and/or gent and/or the new registered office addr		fice address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street ad	
		enter rioriaa sir eet aa	
		City	, Florida 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

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager
IBR = Authorized Member

<u>le</u>	Name	Address	Type of Action
1BR	ANIBAL DIAZ	183 HEBBERD AVENUE	\(\begin{align*} \Bar{A} & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
		PARAMUS, NJ 07652	□Remove
ABR	FREDDY O. CRISOSTOMO	3900 SW 147TH AVENUE	≅Ađd
		MIRAMAR, FL 33027	□Remove
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		03/06	5/2020			
	te, if other than the di late is listed, the date must b	ate of filing:		ling or more than 90 d	_ (optional) avs after filme) Pur	suant to 605 020
: If the	date inserted in this bloc	k does not meet the	applicable statute			
ment's e	ffective date on the Dep	artment of State's re	cords.			
ord spec filed.	ifies a delayed effective of	date, but not an effec	ctive time, at 12:0) a.m. on the earlie	er of: (b) The 90	th day after the
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d <i>61</i>	1/20	, /	10			
u <i>921</i>	01.11	/ 	\leftarrow			
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	S	ignature of a member of	or authorized repre	sentauve of a member		

Filing Fee: \$25.00