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Tallahassee, FL 32314

TO:

	Registration Sec Division of Corp			
oup irz	712 21ST S	T., LLC		
SUBJEC	:: <u></u>	Name of Limi	ted Liability Company	
The angle	acad Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
		ndence concerning this matter		
		MILTON G AUSTIN ANI	O HYACINTH DAVIS AUSTIN	I
			Name of Person	
			Firm/Company	
		712 21St Street		
			Address	
		West Palm Beach, FL 3340)7	
		davishyacinth@hotmail.com	City/State and Zip Code	
			to be used for future annual report n	otification)
For furth	er information co	oncerning this matter, please co	all:	
Hyacinth Davis Austin			561 767-7880	
	Name of	Person	Area Code Days	ime Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	S30.00 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 Addres		Street Address: Registration S	
Registration Section Division of Corporations P.O. Box 6327			Division of C	
			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

712 21ST 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 Com-	pany were filed on February I	1, 2020	and assigned
Florida document number L20000048998	•		
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	on "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>	 .	70'
			202A JUH 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			PH 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records.	, <u>enter the name o</u>	f the new registered
-			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
	Ciţ		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my du nt as provided for in Chapte	ties, and I am fam r 605, F.S. Or, if i	iiliar with and this document is
<u>.</u>	f Changing Registered Agent, Sig	nature of New Regist	ered 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>	<u>Name</u>	Address	Type of Action
MGR	HYACINTH DAVIS AUSTIN	624 28th Street	≣ Add
		West Palm Beach, FL 33407	Remove
			Change
			□Add
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antina data if ath	ner than the date (of filing:		(on	tional)	
effective date is liste	ed, the date must be spe	ecific and cannot be pri	or to date of filing	or more than 90 days at	ter filing.) Pursuant to	605.02
te: If the date inse nument's effective of	rted in this block do date on the Departm	es not meet the applicant of State's record	icable statutory	filing requirements,	ms date will not be	HSICU
	layed effective date,	, but not an effective	time, at 12:01 a	a.m. on the earlier of:	(b) The 90th day	after th
s filed.						
June 10		2020				
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