## L16000174436

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## **COVER LETTER**

TO:

FO: Registration Sec Division of Corp			
	OTH PLACE, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Pedro Sanchez		
		Name of Person	<del></del>
	35 WEST 40TH PLACE, I	LLC	
		Firm/Company	
	45 West 17th Street		
		<u> </u>	
	Hialeah, FL 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		
For further information c	nnan address: (	to be used for future annual report no all:	gircation
Maritza Hernandez		786 473-0405	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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	Street Address: Registration S Division of C	
Division of C P.O. Box 632		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

35 WEST 40TH PLACE, 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 Company were filed on  $\frac{9/16/16}{1}$ and assigned Florida document number \_\_\_\_\_L16000174436 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 "LLC" or the abbreviation "LCC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Giselle Sanchez Name of New Registered Agent: 45 West 17th Street New Registered Office Address: Enter Florida street address

## 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.

City

Hialeah

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>	<u>Name</u>	Address	Type of Action
ABRM	Maritza Hernandez	45 West 17th ST	<b>≡</b> Add
		Hialeah, FL 33010	
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