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COVER LETTER

TO:

Registration Section
Division of Corporations

30 WEST 5	77TH STREET, LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pedro Sanchez		
	4.4	Name of Person	
	30 WEST 57TH STREET.	LLC	
		Firm/Company	
	45 West 17th Street		
	_	Address	
	Hialeah, FL 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Maritza Hernandez		786 473-0405	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	orporations Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 WEST 57TH STREET, LLC		i g n
(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed o	nny) n 10/31/16 and arsigned
Florida document number 1.16000201244	·	. 26
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
D. If any and the sale of the		
B. If amending the registered agent and/or agent and/or the new registered office address.	Ç,	ur records, enter the name of the new register
Name of New Registered Agent:	Giselle Sanchez	
New Registered Office Address:	45 West 17th Street	
	Ente	r Florida street address
	Hialeah	, Florida ³³⁰¹⁰
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ABRM	Maritza Hernandez	45 West 17th ST	≡ Add
		Hialcah, FL 33010	
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			Change PH 2: 26
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ffective date, if other than the an effective date is listed, the date must stote: If the date inserted in this bloocument's effective date on the Defective date.	the specific and can ock does not meet	the applicab	date of filing or de statutory fil	more than 90 days	optional) s after filing.) P s, this date wi	ursuant to 605,0207 Ill not be listed as
record specifies a delayed effective d is filed.	: date, but not an o	effective tim	e, at 12:01 a.n	n, on the earlier (of: (b) The S	Oth day after the
October 15	2	020				
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