L20000069885

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	me)
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(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		5/25/21

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COVER LETTER

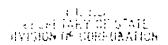
TO: Registration Se Division of Cor			
	AVE 703 LLC		•
SUBJECT: >	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yuri Klebanov		
		Name of Person	
	303 NE 12 AVE 703 LLC		
	-	Firm/Company	
	56 VAN ORDEN AVE		
	Sof Amendment and fee(s) are submitted for filing.		
	SUFFERN, NY 10901		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	* *		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Yuri Klebanov			
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C	Section	Registration S Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



303 NE 12 AVE 703 LLC

21 APR -5 AH 10: 27

(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 I	Liability Company	were filed on $\frac{0370}{}$	372020	and assigned
Florida document number L20000069885				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the des	signation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or		ddress on our rec	cords, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office addre	ess nerg:			
Name of New Registered Agent:	RNC LEGAL c	/o RYAN N. CHAE	<u>-</u>	
New Registered Office Address:	2450 HOLLYW	OOD BEVD. SUIT	ΓE 305	
ivew registered office reduces.		Enter Floria	la street address	
	HOLLYWOOD		Florida	33020 Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p registered office	performance of n provided for in Cl	w duties, and Lan apter 605, F.S. (m familiar with and)r, if this document is

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			OF CHARACTER STATE OF VISION OF CORCERNATION		
<u>Title</u>	<u>Name</u>	Address	21 APR - 5	AH 10: 2 Pype of Action	
				Remove	
				□Change	
				□Add	
				□Remove	
				□Change	
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fective date, if other than the date of filing:	(optional)	.) Pursuant to 605.0207
ite: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date	will not be listed as
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a	a muon the earlier of: (b) T	ne 90th day after the
is filed.	a.m. on the carrier of (o)	.c > 5 au, a,
nted 03.3/2/		
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Typed or printed name of signee