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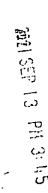
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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
CTIP IP		Y STREET LLC			
SUBJE	CI:	Name of Lim	ited Liability Company	·	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		SHANNON BUSTAMAN	TE		
			Name of Person	1	
			Firm/Company	,	
		316 PAYNE DR		<u>.</u>	
		MANU CDDDICC ELOD	Address		
		MIAMI SPRINGS, FLOR	City/State and Zip (Code	
		sb3properties@gmail.com	Chyroline and Dip	5040	
For furti	her information c	E-mail address: (oncerning this matter, please c	to be used for future as all:	inual report notif	fication)
	NON BUSTAMA	•	786 at (266-6527	
	Name o	f Person	Area Code	Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:			
⊠ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	ру	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Reg Div The	eet Address: gistration Secvision of Core Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1948 WILEY STREET LLC

2621 SEP 13 PM 3: 45

If Changing Registered Agent, Signature of New Registered Agent

(<u>Name of the Limited</u> (A	Liability Company as it now appears (A Florida Limited Liability Company)	-	
The Articles of Organization for this Limited Liab	oility Company were filed on 06/25	5/2019	_ and assigned
Florida document number L19000158663			
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or reg	_	cords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address	nere.		
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florid	da street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change.	r and complete performance of n ered agent as provided for in Ch egistered office address, I hereby	ny duties, and I am fai hapter 605, F.S. Or, if	miliar with and this document is

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 2018EP 13 Pil 3:45	Type of Action
MGR	SHANNON BUSTAMANTE	316 PAYNE'DR'	\equiv Add
		MIAMI SPRINGS, FLORIDA 33166	□Remove
			Change
			□Add
			□Remove
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effive date, if other than the date of filing: effective date is limed, the date must be specific and cannot be prior to	date of filing or more than 90 days after filing.) Promunt to 605.
le: If the date inserted in this block does not meet the applicable mment's effective date on the Department of State's records.	is eigneous mind technicineum um one aun not es min
cord specifies a delayed effective date, but not an effective time	; at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
SEPTEMBER 08 2021	.•
ed SEPTEMBER 08 , 2021	.•

Filing Fee: \$25.00