## L19000060520

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Dx	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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T. MATTHEWS FEB 2 2 2022

## **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
327 SW 27	TH ROAD MIAMI 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:	
	Thomas H Wahl		
		Name of Person	
	327 SW 27TH ROAD MIA	AMI LLC	
		Firm/Company	
	17600 N Bay Rd., Apt. 50	2N	
		Address	
	Sunny Isles Beach, Florida	33160-2832	
	<u></u>	City/State and Zip Code	
	tomawahl@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Thomas H Wahl		305 310-2301 at (	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
	_	C 666 00 Filing For &	C S60 00 Eiling Egg
□ \$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 Addre		Street Address:	
_		——————————————————————————————————————	
Mailing Address Registration Division of Control P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEB 11 PH 3: 26

327 SW 27TH ROAD MIAMI 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 L	Liability Company	were filed on	327 SW 27TH ROAD MIAMI and assigned
Florida document number L19000060520			•
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liabi	ility compan	y here:
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," (	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	17600 N Ba	ay Rd,
		Apt. 502N	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  R. If amending the registered agent and/or			ur records, enter the name of the new registered
agent and/or the new registered office addre	•		enter the hand deficiency significant
Name of New Registered Agent:	Thomas H Wah	.1	
New Registered Office Address:	Thomas H Wah	ıl	
Tien Registered Street Hadess.		Enter	Florida street address
	Sunny Isles Bea	ach	, Florida 33160
		City	Zip Code
BY TO THE STATE OF A CONTROL OF THE STATE OF	D:		

## 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 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
AMBR	Thomas Wahl	17600 N BAY ROAD, APT 502-N, SUNNY ISLES	Bl _ ■Add
		TITLE: CEO	≣Remove
			_ □Change
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Filing Fee: \$25.00