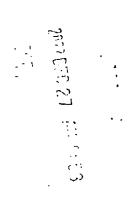
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations			
SUBJECT:20	041 NE 16 Name of Lim	ST LLC ited Liability Company		
	Amendment and fee(s) are subndence concerning this matter Alec Z			entact person #1
		Firm/Company		7:17
	N. Miami I Alecs SMA	Address 3each FL 37 City/State and Zip Code 3el Sount NET to be used for future annual report note	3179	000 27 50 %
For further information co	b-mail address: (oncerning this matter, please c		ication) ·	ű
ARC R	Person	at (<u>954</u>) 53 Area Code Daytime	4 2178 e Telephone Number	
	te following amount. S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en-	tus &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Cor	porations		
SUBJECT: 204	NE 161ST L	LC 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:	Contact. person #
	ROBERT R.	SENWASSEC Name of Person	
	•	Name of Person	
		Firm Company	
	610 NE 16	8 ST Address	
	N. Miami	Beach, FL 33 City/State and Zip Code SEQ Gmail. Con to be used for future annual report notifica	164 28
	ROBERTURO	SED Comail con	(+) m (+) (-)
	E-mail address: (to be used for future annual report notifica	ution)
For further information c	oncerning this matter, please of	all:	**** ,
POBERT ROSE	enwasser	at (305) 244 Area Code Daytime T	1079
Name o	r Person	Area Code Daytime T	elephone Number , w
ancrosed is a cheek for the	_		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Secti	op.
Division of C		Negistration Section of Corne	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>2041 NE 161 5</u>		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:	·	
A. If amending name, <u>cnter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the .	abbreviation "L.L.U."
Enter new principal offices address, if applicable:	797 NE 20655	
(Principal office address MUST BE A STREET ADDRESS)	NMIAMI Beach, FL	33179
r new mailing address, if applicable:	NMIAMI BEACH, FL	2022 CIC 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
	R055	·
	Enter Florida street address	
N. Mian	mi Beach . Florida_	33179 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 methodily the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is likely to merely reflect a change in the registered office address, I hereby confirm that the limited liability was 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc	Judith BAKAR	610 NE 1685T	⊏Add
		N. Miami Bch, PL 33169	X Remove
			□ Change
Mgc	Alec Ross	Alec Ross	
		797 NE 206 ST	TRemove
		N. Miami Beach, FL 33	179 □Change
			□ □ Add □ □ □ □ R8move □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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			en ⇔ □Remove
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PLEAS	E SEE 6 PA	tGE Cop	y ot	
SALE AG	DREENENT 20	41 NE 161	ST LLC	
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If the date inserted in th	n the date of filing: e must be specific and cannot b ils block does not meet the he Department of State's re	applicable statutory	or more than 90 days after filling requirements, th	
l specifies a delayed effe ed.	ective date, but not an effec	ctive time, at 12:01 :	a.m. on the earlier of: (b) The 90th day after
	. 29			
3	Signature of member of	or authorized represen	tative of a member	
	Judith Typed o			

Filing Fee: \$25.00