#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/04/2024 OWNER

SIGNATURE: DAMIAN MARTINEZ

Electronic Signature of Signing Authorized Person(s) Detail

Name	MARTINEZ, DAMIAN	Name	HERNANDEZ, ANA
Address	8353 LAKE DRIVE	Address	8353 LAKE DRIVE
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

# 1

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	MARTINEZ, DAMIAN	Name	HERNANDEZ, ANA	
Address	8353 LAKE DRIVE	Address	8353 LAKE DRIVE	

#### The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

5600 NW 72TH AVE UNIT 669012 MIAMI, FL 33166

1626 SW NINTH ST MIAMI, FL 33135

## FEI Number: APPLIED FOR

DOCUMENT# L23000483767

Entity Name: 1626 SW NINTH ST LLC

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

MARTINEZ, DAMIAN SR

**Current Mailing Address:** 

8353 LAKE DRIVE APT 404 DORAL, FL 33166 US

### FILED Apr 04, 2024 Secretary of State 4486979414CC

Certificate of Status Desired: No

Date

Date