L07000001644

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COVER LETTER

TO:				
CHOICA		ST, LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Alexander Waksman		
	Division of Corporations 101 NE 54 ST, LLC Name of Limited Liability Company			
			Firm/Company	
		23227 Park Corniche		
			Address	
		Calabasas, CA 91302		
		waksman22@gmail.com	City/State and Zip Code	I for filing. following: Name of Person Firm/Company Address //State and Zip Code sed for future annual report notification) at (
			to be used for future annual report noti	fication)
For furth	ner information o	oncerning this matter, please c	ali:	
Alexand	ler Waksman		at ()	-
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Street Address: Registration Sec	ction

Division of Corporations

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P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

101 NE 34 ST, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recor d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on January 5, 2007	and assigned
lorida document number L07000001644		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
316 San Juan LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	
Inter new principal offices address, if applicable:		P 20
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		23
	23227 Park Corniche	3
nter new mailing address, if applicable:	Calabasas, CA 91302	
Mailing address MAY BE A POST OFFICE BOX)	Caracianas, Cri 71302	
	-	
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre.	33
	FI	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

101 100 54 020 11 6

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
			= Add
			□Remove
			□Change
			\B\Add
			□Remove
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fective date, if other than t	he date of filing: nust be specific and cannot be prior		(optional)	
an effective date is listed, the date r ote: If the date inserted in this	nust be specific and cannot be prior block does not meet the applic	to date of filing or more than able statutory filing requir	90 days after filing.) Purs rements, this date will	uant to 605.02 not be listed
ocument's effective date on the	Department of State's records.			
record specifies a delayed effec	tive date, but not an effective ti	me, at 12:01 a.m. on the c	earlier of: (b) The 90t	h day after tl
is filed.				
	2024			
ated	2021	_· _		
	Signature of a member or author	Frized representative of a me	mber	

Filing Fee: \$25.00