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## **COVER LETTER**

TO:

	ation Sec n of Corp	ction porations				
CHUN IF CT	34th	Street, LLC				
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed Art	ticles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all o	correspoi	ndence concerning this matter	to the following:			
		Habibollah Shobeiri				
			Name of Person			
		34th Street, LLC				
			Firm/Company			
		11523 Savannah Lak	ces Drive			
			Address			
		Parrish, Florida 3421	19			
			City/State and Zip Code			
		E-mail address: (	(to be used for future annual report notification)			
For further infort	nation co	oncerning this matter, please ca	all:			
Habibollah Sho	obeiri		941 962-6641 at ()			
	Name of	Person	Area Code Daytime Telephone Number			
Enclosed is a che	ck for th	e following amount:				
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing  Certificate of Certified Copy (additional copy	f Status & py		
	Address ration S		Street Address: Registration Section			
		orporations	Division of Corporations			
P.O. B	ox 632	7	The Centre of Tallahassee			
Tallaha	assee, F	L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

34th Street LLC	2020 MAY - 4 F	'H 2: 22
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L08000076496	ompany were filed on 8/11/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	he abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	<del></del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	Florida	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 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 Changing Registered Agent, Signature of New Registered Agent

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 2020 HAY -4 PH	Expe of Action
MGR	John D. Good	11523 Savannah Lakes Drive, Parrish, FL 34219	
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If an effective Note: If the	date, if other than the day we date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cann does not meet t	ot be prior to da he applicable	te of filing or mo statutory filing	ore than 90 days aft	t <b>ional)</b> er filing.) Pursuant to 605.0 nis date will not be listed	<sup>207</sup> (3) I as the
e record sp ord is filed.	pecifies a delayed effective o	ate, but not an e	ffective time,	at 12:01 a.m. c	on the earlier of: (	(b) The 90th day after t	the
Dated	April 27	20	20				

Typed or printed name of signee