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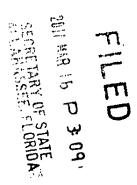
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer;	
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S Warren
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COVER LETTER

	gistration Sevision of Cor			
SUBJECT:	2121 NW L	LC		
SUBSECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Luciano Torres		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		2121 NW LLC		
			Firm/Company	
		33800 SW 212 Avenue		
			Address	
		Florida City, FL 33034		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Luciano Tor	rres		786 208-7707 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00 H	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 ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2121 NW, LLC		
(<u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L08000108526	Company were filed on 11/21/2008	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office address may be a second of the new registered of the new r		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, an l agent as provided for in Chapter 605, ered office address, I hereby confirm the	nd I am familiar with and F.S. Or if this document is

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	Type of Action
MGRM	Luciano Torres	33800 SW 212 Avenue	= Add
		Florida City, FL 33034	□ Remove
			□ Change
			Add
			□ Remove
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locument	the date inserted in this	s block does not e Department of yed effective	f State's records. date, but not	o date of filing or more than ble statutory filing requience an effective time,	irements, this d	late will not l	be listed
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Filing Fee: \$25.00