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2017 NOV 49 PR 3 29
SECRETARY OF STATE
ANASSEF, FLORIDA

K. SALY NOV 13 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 47 AVE; Record LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARILYN MILIAN Name of Person
47 AVENUE LLC Firm/Company
2700 GRANADA BLVD Address
City/State and Zip Code
E-mail address: (to be based for future annual report notification)
For further information concerning this matter, please call:
MARILYN MILIAN at (305) 213238 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

SECRETARY OF STATE

47 Avenue L		TALLAHASSEE, FLORIDA
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our reco ida Limited Liability Company)	ords.) SEE. FLORIDA
The Articles of Organization for this Limited Liability		POIT and assigned
Florida document number <u>L 100000 659 78</u>	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Ender the Market State of the S		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	•
B. If amending the registered agent and/or regressered agent and/or the new registered office ac	gistered office address on our recor	ds, enter the name of the new
the state of the second state of the second state of the second s	un ess ner e.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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

Title <u>Name</u> <u>Address</u> **Type of Action** MGRM MARILYN MILIAN TRUSTEE
Milion Predet Shelfer Trust Change MGRM 2700 Granada Blud Knood Georgina Milian Revocable Trust ☐ Change GMCST_ Georgine Milion 2700 Grenada Blud □ Add ☐ Change Georgia Milian MGRM Princesole Trust ☐ Change □ Remove ☐ Change

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Effective da	ate, if other th	nan the date o	of filing:		ate of filing or mor	(0)	ptional)	(05.0307
Note: If the	date inserted i	n this block doe	es not meet ti	he applicable	statutory filing	requirements.	this date will a	not be listed as
document's	effective date of	on the Departm	ent of State's	records.	<i>,,</i>	•		•
				but not ar	effective tir	ne, at 12:0	1 a.m. on t	he earlier of
The 90tl	n day after t	the record is	filed.					
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Dated	11/5		<u>;</u> , <i>/}</i> z	<u> 2017 </u>				
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Page 3 of 3

Filing Fee: \$25.00