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(Re	questor's Name)	
(Address)		
	1>	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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JUN 2 4 2019 S. YOUNG



COVER LETTER

Division of Cor		M. Carlotte	
SUBJECT: 175	51-55 Ave, L	HLLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	A	Ifred Low	
	_	Name of Person),
	1751-5	5 AVe, LH. 1	1C
)
		37 Orange (D	
	(t	avie, Fl 33	314
		City/State and Zip Code	17
	F-mail address: (1	o be used for fulure annual report no	MOUI. COM
For further information c	oncerning this matter, please ca	- v	meanny
Alfre	d Low		8-4004
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
的 \$25.00 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

175	1-55 AVE,	LH LLC	
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability)	now appears on our records. Company)	,)
The Articles of Organization for this Limited I Florida document number <u>L 12000(</u>		led on	12 and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	oany," the designation "LLC"	or the abbreviation LLC."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
			2 <u>II</u>
			11000 60 11000 11000
Enter new mailing address, if applicable:		<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		ldress on our records,	enter the name of the new
Name of New Registered Agent:	Alfred	LOW	
New Registered Office Address:	4737 0	Enter Florida street address	Lavil,
	(E) wie	, Floi	rida 3314 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action	<u>)n</u>
MGR	Alfred Low	Address 4737 Ovange Dr. n3214 OAdd	
		Remove	
		Change	
		Add	
		Remove	
		Change	
	Remove		
		Change	
		Remove	
		Change	
	Remove		
		Change	
	 -		
		Remove	

_□ Change

D. If amending any other information, enter change(s) here: (Attach additio	nal sheets, if necessary.)
	
	.
	THE STATE OF THE S
	<u> </u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after tiling.) Pursuant to 605.0207 (3)(requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective ti b) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated	
Signature of a prember or authorized representative of	of a member
Afred Low Types or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00