L12000079090

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

7309 C SUBJECT:	OLLINS AVENUE, LLC		
3000ECT	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	REMY ABUEG		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	7309 COLLINS AVEN	UE, LLC	
		Firm/Company	
	210 SEVENTY-FIRST	STREET, SUITE 309	
		Address	-
	MIAMI BEACH, FL 33	3141	
		City/State and Zip Code	-
	remy@elyseeinc.com		
	E-mail address:	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Remy Abueg		305 864-8885	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7309 COLLINS AVENUE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fion	ida Limited Liability Company	y)	
The Articles of Organization for this Limited Liability Florida document numberL12000079090	Company were filed on	06/14/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our :	records, enter the na	me of the new registered
New Registered Office Address:			33 里台
	Enter Fi City	lorida street address , 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 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>	<u>Address</u>	Type of Action
MGR	ERIC YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	🗏 Add
		MIAMI BEACH, FL 33141	Remove
			□Change
MGR	LED TRUST LLC	210 - 71ST STREET	□Add
		MIAMI BEACH, FL 33141	≅ Remove
			□ Change
MGR	HAIM YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	\BAdd
		MIAMI BEACH, FL 33141	□ Remove
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
<u>_</u>			□Add
			□Remove
			□Change

						
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fective da	ite, if other than the d	ate of filing:			(optional)	
ote: If the	date is listed, the date must be date inserted in this block	k does not meet the appli	cable statutor			
cument's	effective date on the Depa	artment of State's record	s.			
ecord spec	ifies a delayed effective o	late, but not an effective	time at 12:01	a m on the earlier	r of: (b) The 90th da	av after the
is filed.			,			,
FI	BRIIARV 18	2021				
ited	BRUARY 18		 '	\cap Λ		
		gnature of a member or aut	mi	PXVI		
_	Si	gnature of a member or aut	horized represe	ntative of a member		
	HAIM YEHEZKEL			•		

Filing Fee: \$25.00