413000110659

(Re	questor's Name)	
		<u> </u>
(Ad	dress)	
	-1	 -
(Ad	dress)	
	y/State/Zip/Phone	- #D
(Cit	y/State/Zip/Filone	= 11)
PICK-UP	☐ WAIT	MAIL
		<u> </u>
(Bu	siness Entity Nan	ne)
•	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
, - ·		
Special Instructions to	Filing Officer:	
:		

Office Use Only



000385878530

WZZ APIN 15 PH 1:15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/15/2022		₩WALK IN
ENTITY NAME 344	NW 41 ST MIAMI, LLC	
DOCUMENT NUMBEI	R L1300010659	
	PLEASE FILE TH	HE ATTACHED AND RETURN
xxxxxx	Plain Copy	
	Certified Copy Certificate of Status	
	PLEASE OBTAIN THE F	TOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts	is & Amendments
	Certificate of Good St	tanding
	APOSTILLE' / I	NOTARIAL CERTIFICATION
COUNTRY OF DESTIN NUMBER OF CERTIFIE		
TOTAL OWED \$25.	00	ACCOUNT #: 120160000072
Please call Tina at	t the above number for	any issues or concerns. Thank you so much!

COVER LETTER

TO:

	Registration Se Division of Co			
SUD IEC		ST MIAMI LLC		
SUBJEC	1;	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	endence concerning this matter	to the following:	
		Jonathan S Trabitz		
			Name of Person	
		Thomas G. Sherman, P.A.		
			Firm/Company	·····
		90 Almeria Avenue		
		······	Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		martirena96@gmail.com		
For further	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report n	otification)
		oncerning and matter, prease c		
Jonathan '	Trabitz		305 448-5898 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed:	is a check for th	ne following amount:		
■ \$25.0	0 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		Street Address:	Section
	Registration S Division of C		Registration S Division of C	
F	O. Box 632	7	The Centre of	Tallahassee
Г	allahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

344 NW 41 ST MIAMI LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 5, 2013 __ and assigned Florida document number L13000110659 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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) a vorized to manage, enter the title, name, or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Edgar Mariani	9553 Majestic Way	
		Boynton Beach, FL 33437	=Remove
			□Change
	 		□Add
			Remove
			□ Change
			2022 Add
			☐ Remove
		-	□ Change
	<u></u>		□ Add
			□Remove
			□Change
		·	□ Add
			Remove
			□Change
			□Add
			□Remove
			Change

			······································	 -	
 					
		·			
					
		 			
		-			
					2092
				2-5 -1	: <u>,3</u> ====================================
				•	
					<u>್ಷ</u>
					13 13 14
 					
					
an effective date is listed ote: If the date insert	er than the date of f i, the date must be specifi ted in this block does i ate on the Department	ic and cannot be prior not meet the applic	able statutory filing re		
record specifies a dela	ayed effective date, bu	t not an effective ti	ime, at 12:01 a.m. on th	he earlier of: (b) Th	e 90th day after the
is filed.	1 //				
April 8	1/7 c.M /	1,/2022	·		