L1400046823

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Divis	ion of Corpo	orations			
SUBJECT:	325 PLEAS	SANT HILL LLC.			
SUBJECT: _	-	Name of Limit	ed Liability Company		
The enclosed a	Articles of At	mendment and fee(s) are subm	nitted for filing.		
Please return a	all correspond	lence concerning this matter to	the following:		
		MOLLY AVAN			
			Name of Person		
		325 PLEASANT HILL LLC			
Firm/Company					
		7330 NW 36 AVENUE			
			Address		
		MIAMI FL 33147			
			City/State and Zip Code		
		mavan218@gmail.com	be used for future annual repo	art notification)	
For further int	formation con	cerning this matter, please cal	·	nt notification)	
MOLLY AV	AN		305 836-40	040	
	Name of F	Person	Area Code I	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

325 PLEASANT HILL LLC				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number L14000046823	were filed on $\frac{03/21/2014}{1}$	1	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	n "LLC" or the ab	breviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	-			
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>	3SS	2*************************************
B. If amending the registered agent and/or registered of	ice address on our r	ecords, enter	the name o	f the nev
registered agent and/or the new registered office address here			FL0	-

Name of New Registered Agent:				
			· 	
New Registered Office Address:	Enter Florida stree	t address		
	Zarrer Cross soll office			

New Registered Agent's Signature, if changing Registered Agent:

7

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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>	Name	Address	Type of Action
AMBR	RACHEL ANN AVAN	325 PLEASANT HILL DR, NEW CITY NY	10956 ≅ Add
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Typed or printed name of signee

Filing Fee: \$25.00