L15000097178

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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE		HIGAN AVE LLC SUITE 810	•	
SOBJE	CI	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Richard Rinella		
			Name of Person	
		c/o Law Offices of Aaron	Resnick, P.A.	
			Firm/Company	
		100 Biscayne Blvd., Suite	1607	
		Address		
		Miami, FL 33132		
			City/State and Zip Code	
		richrinella@gmail.com E-mail address: (to be used for future annual report not	ification)
For furth	her information c	concerning this matter, please c	·	·
Richard	Rinella		312 569-0885	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$ 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		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	D (2 D (22	17	T1 C . C	D 11 1

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1680 MICHIGAN AVE LLC SUITE 810 (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 $\frac{06/03/2015}{1}$ _____ and assigned Florida document number L15000097178 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 "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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>	Address	Type of Action
MGR	Jamil Bouchareb	1680 MICHIGAN AVE LLC, SUITE 819, Miami Be	ac _ □Add
			_ ≡ Remove
			_ □Change
MGRM	GENMAN CORP	1680 MICHIGAN AVE LLC, SUITE 819, Miami Ber	ac _ ■Add
			_ □Remove
			_ 🗆 Change
MGR	RICHARD RINELLA	1680 MICHIGAN AVE LLC.SUITE 819, MIAMI BI	E/ _ □Add
			_ = Remove
			_ 🗆 Change
MGRM	RICHARD RINELLA	1680 MICHIGAN AVE LLC, SUITE 819, MIAMI B	E _ ≣Add
			_ □Remove
			_ □Change
			_ □Add
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record sp d is filed.	ecifies a delayed effective d	ate, but not an effecti	ve time, at 12:01 a	.m. on the earlier of	(b) The 90th day after	the
ated	= 11/3/20	2020	-//	10		
	/	((///	16 8	X		
	- Cari	gnature of a member or a	authorized represent	ative of a member		

Filing Fee: \$25.00