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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6404 W. 14 AVENUE LLC.

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1 7 7 2027

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL SUL 19 AM 31.52

6404 W. 14 AVENUE 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 11/16/2015	and assigned
Florida document number L15000193540	·		
This amendment is submitted to amend the to	Lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Limbility Con	npeny," the designation "LLC" or the	: abtroviation "L.L.C."
Enter new principal offices address, if appli	icable:	*******************************	
(Principal office address MUST BE A STRE	ET ADDRESS;		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
infatung uduress MAT DE A POST OFFICE	<u> </u>		
B. It amending the registered agent and/or agent and/or the new registered office addro	registered office addres ess here:	ss on our records, <u>enter the m</u>	une of the new registered
Natio of New Registered Agent:	LAURIE BRAVO		
New Registered Office Address:	230 E 19 ST		
	änter Florida sitrest address		
	HIALEAH	, Florida	33010
	Cı	ņ	Zlp 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, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titte</u>	<u>Name</u>	Address	Type of Action
AMBR	OLDANIA BRAVO	230 E 19 ST	
		HIALEAH, FI. 33010	— ∰Renxive
AMBR LAURIE BR.	LAURIE BRAVO	230 E 19 ST	\ Add
		HIALEAH, FL 33010	(IlRemove
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Effecti	verlage if other than the date of liling.	
Note:	ye date, if other than the date of filing: (optional) entire date is listed, the date must be specific and cannot be prior to state or filing or twire than 90 days (their filing.) Pursuant to 695 0207 (3)(b) If the date unserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the em's effective date on the Department of State's records	v)
he record ord is fil	d specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the ed.	
Dated		
	Signature of a member or authorized representally day a member	
	OLDANIA BRAVO	

Filing Fee: \$25.00