115000207738

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
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COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	3650 STEW	ART AVENUE, LLC			
SOBJECT		Name of Limit	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		THAMARA PEREZ			
			Name of Person	<u>.</u>	
		TABADESA ASSOCIATE	S		
Firm/Company					
		419 W 49 ST, STE 111			
			Address		
		HIALEAH, FL 33012			
			City/State and Zip Code		
		TAMMYP@TABADESA.C	OM be used for future annual report notifica	dian's	
			·	шон	
For further in	formation co	ncerning this matter, please cal	li:		
THAMARA	PEREZ		305 558 - 0622		
	Name of	Person	at () Area Code Daytime To	elephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling 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:

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**

3650 STEWART AVENUE, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Florida document number L15000207738		were filed on 12/14/2015	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		419 W 49 ST, STE 111	
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH, FL 33012	
		440 W 40 GT CTIV VI	
Enter new mailing address, if applicable: ' <u>Mailing address MAY BE A POST OFFICE</u>	HIAL CALL CL 22012		
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the named of the no
Name of New Registered Agent:	THAMARA PEREZ		AR (I)
New Registered Office Address:	419 W 49TH S	T. STE.111 Enter Florida street addres.	- COR
	HIALEAH	Flo	orida 33012
		City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			Add
			Remove
			□ Change
			Add
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E. Effectiv	e date, if other than t	he date of fili	ng:			(optional)-	AH 8
(If an effective Note: 11	tive date is listed, the date rather the date inserted in this	nust be specific a block does not	ind cannot be pri t meet the appl	or to date of filing licable statutory	or more than 90 di filing requireme	ays after fiting.) Pu nts, this date wil	irstant to 605.0 Linot be listed
	nt's effective date on the				_ ,	311	(C
	rd specifies a delay Oth day after the r			not an effecti	ve time, at 13	2:01 a.m. on	the earlier
(=)							
Dated A	UGUST 23		2017				
<u>-</u>	114			·			
					ative of a member		

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Filing Fee: \$25.00