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COVER LETTER

	Registration Se Division of Cor			
SIIR IEC	Alexander	A Perez & Teresa M Perez 1917	, LLC	
SUBJEC		Name of Limit	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please ret	turn all correspo	ondence concerning this matter t	o the following:	
		Aleida Ors Waldman, Esq.		
			Name of Person	
		Aleida Ors Waldman, P.A.		
			& Teresa M Perez 1917, LLC Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: ida Ors Waldman, Esq. Name of Person ida Ors Waldman, P.A. Firm/Company 9 South Andrews Avenue Address 1 Lauderdale, FL 33301 City/State and Zip Code E-mail address: (to be used for future annual report notification) ing this matter, please call: at (
		440 South Andrews Avenu	е	
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information o	concerning this matter, please ca	ill:	
Aleida C	Ors Waldman		954 524-1100 at ()	
	Name o	of Person	Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: leida Ors Waldman, Esq. Name of Person leida Ors Waldman, P.A. Firm/Company 10 South Andrews Avenue Address ort Lauderdale, FL 33301 City/State and Zip Code E-mail address: (to be used for future annual report notification) ning this matter, please call: at (4) Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

Alexander A Perez & Teresa M Perez 1917,		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our real Limited Liability Company)	ecords,)
The Articles of Organization for this Limited Liability C	Company were filed on June 13, 201	6 and assigned
	Sompany were med on	and wasgined
Plorida document number L16000113824	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
1917 SW 177 Avenue, LLC		
he new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	distribution of the state of th	
3. If amending the registered agent and/or regis	stered office address on our re	cords, enter the name of the
egistered agent and/or the new registered office add		
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street	address
	Enter Florida street o	
	Enter Florida street o	address _, Florida Zip Code

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

Ģ,

Page 1 of 3

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 Type of Action Address Title . <u>Name</u> _D Add ☐ Remove ☐ Change D Add ☐ Remove _□ Change _D Add _□ Remove _□ Change □ Add _□ Remove ☐ Change □ Add Remove ≟ Change-□ Add Remove ☐ Change

If amending any oth	er information, er	nter change(s) her	e: (Attach additie	onal sheets, if ne	cessary.)	
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Effective date, if oth fan effective date is lister Note: If the date inser document's effective d	ted in this block doe late on the Departme	es not meet the applient of State's record	cable statutory filir s.	ng requirements, t	his date will not l	be listed as
ne record specifies The 90th day aft			ot an effective	time, at 12:01	l a.m. on the	earlier of
January (8	2017				
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	\in				مثنيد	
	Signatu	re of a member or aut	horized representativ	e of a member		J-J
Alexander	A Perez				五	3 \$
		Typed or prin	nted name of signee		*************************************	—! <u> </u>
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