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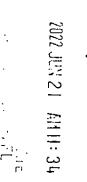
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## **COVER LETTER**

	egistration Sec ivision of Corp			
erib inza		N AVENUE, LLC		•
SOBJECT	:	Name of Lim	ited Liability Company	•
		Amendment and fee(s) are substantence concerning this matter		
		Steven Newman		
			Name of Person	·
		60 MCLEAN AVENUE, L	LLC	
		<del></del>	Firm/Company	
		3284 N 29 Ct		
			Address	
		Hollywood, FL 33020		
			City/State and Zip Code	<del></del>
		snewman@newmanbrokera	ge.com to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
For further	information co	oncerning this matter, please co		(Carlott)
Steven Ne	wman		954 536-4525	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	s a check for the	e following amount:		
<b>E</b> \$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 Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ALLE M. M. Comes College CLO

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

60 MCLEAN 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  $\frac{07/28/2016}{}$ Florida document number \_\_\_\_\_L16000141689 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 "L.L.C." 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 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	SIDNEY M NEWMAN	3284 N 29 Ct	□Add
		HOLLYWOOD, FL 33020	■Remove
			Change
Authorize	Steven Newman	3284 N 29 Ct	□Add
		HOLLYWOOD, FL 33020	■Remove
			□Change
MGR Steven Newman	Steven Newman	3284 N 29 Ct	Add
		HOLLYWOOD EL 33030	□Remove
			Change
		□Add	
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and c is block does not me	annot be prior to det the applicable	ate of filing or more to statutory filing rec	(options) han 90 days after fili quirements, this da	ng.) Pursuant to 605,0207 (3)
If the record specifies a delayed efforceord is filed.	ective date, but not a	n effective time.	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
Dated		2022			
/			d representative of a		

Typed or printed name of signee