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COVER LETTER

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TO: Registration Se Division of Cor			
	50TH STREET, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Pedro Sanchez		
		Name of Person	
	650 WEST 50TH STREET	, LLC	
		Firm/Company	
	45 West 17th Street		
		Address	
	Hialcah, Fl. 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	offication)
Maritza Hernandez		786 473-0405	
Name o	of Person		me Telephone Number
Enclosed 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 Addre Registration	Section	Street Address: Registration S Division of C	
Division of C P.O. Box 632	•	The Centre of	·
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

650 WEST 50TH STREET, 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 $\frac{9/16/16}{}$ and assigned Florida document number ______L16000174400 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: Giselle Sanchez Name of New Registered Agent: 45 West 17th Street New Registered Office Address: Enter Florida street address Hialeah

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

*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

ANIBR - A	Authorized Wiember	17.	Address 100 cg	
<u>Title</u>	<u>Name</u>	Address	110: 13	Type of Action
ABRM	Maritza Hernandez	45 West 17th ST		≣ Add
		Hialeah, FL 33010		□Remove
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				Change

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ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual does not meet the applicable statutory filing requirements, this date will not	nt to 605.0207 t be listed as
record specifies a delayed effective date is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	lay after the
	2020	
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