## LICCCCITHEII

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(,,,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Consideration to Eliter Off						
Special Instructions to Filing Officer:						

Office Use Only



900354614919

11/04/20--01013--022 \*\*25.00

O SIMMONS DEC 1 2 2020

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations						
660 WEST 50TH STREET, LLC							
Name of Limited Liability Company							
The enclosed Article	s of Amendment and fee(s) are submitted for filing.						
Please return all corre	espondence concerning this matter to the following:						
	Pedro Sanchez						
Name of Person							
	660 WEST 50TH STREET, LLC						
Firm/Company							
	45 West 17th Street						
Address							
Hialeah, FL 33010							
	City/State and Zip Code						
	yogirentals@gmail.com  E-mail address: (to be used for future annual report notification)						
For further information	on concerning this matter, please call:						
Maritza Hernandez	786 473-0405 at ( )						
Nai	me of Person Area Code Daytime Telephone Number						
Enclosed is a check f	or the following amount:						
■ \$25.00 Filing Fe	c S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy					
Division of P.O. Box	on Section Registration Section of Corporations Division of Corporations						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

660 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  $\frac{9/16/16}{}$ Florida document number  $_{-}^{L16000174411}$ 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

## 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

Hialeah

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>Title</u>	<u>Name</u>	Address	* # + #	$A(i) \circ \frac{\text{Type of Action}}{2}$
ABRM	Maritza Hernandez	45 West 17th ST		■Add
		Hialeah, FL 33010		□Remove
				□Change
				Remove
				[]Change
			- <del>-</del> -	Remove
				□Change
				□Add
				Remove
				Change
			<u> </u>	
				Remove
				Change
			<del></del>	Remove
				☐ Change

Typed or printed name of signee