L16000 200904

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(Address)
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(11)
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2020 OCT 20 AM 10: 22 SECRETARY OF STATE

11/25/20



COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	AST 5TH AVENUE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Pedro Sanchez		
		Name of Person	-
	2020 EAST 5TH AVENU	E, LLC	
	- · 	Firm/Company	
	45 West 17th Street		
		Address	
	Hialeah, FL 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		
Ear further information	f:-mail address; (on concerning this matter, please c	to be used for future annual report no	inication)
	m concerning this matter, piease e		
Maritza Hernandez		786 473-0405 at ()	
Nan	ne of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$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)
<u>Mailing Ado</u> Registratio Division o		Street Address: Registration S Division of Co	
P.O. Box 6	6327	The Centre of	Tallahassee
i allanasse	e, FL 32314	Z415 IN. IVIONE	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 EAST 5TH AVENUE, LLC

company has been notified in writing of this change.

2020 OCT 20 AH 10: 22

(Name of the Lim	(A Florida Limited Liability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited I Florida document number L16000200904		and assigned
This amendment is submitted to amend the fol	llowing:	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		, enter the name of the new registe
Name of New Registered Agent:	Giselle Sanchez	
New Registered Office Address:	45 West 17th Street	
New Registered Office Address.	Enter Florida stree	rt address
	Hialeah	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performance of my du gistered agent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Maritza Hernandez	45 West 17th ST	= Add
		Hialeah, FL 33010	
			□Change
			Remove
		_ 	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
	4	64°F**	□Add
			□Remove
			Change

tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. ded October 15 Jacks Signature of a member or authorized representative of a member					
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Pedro Sanchez	oted October 15	lander	thorized representative	ve of a member	