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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
0.110.711.6101	T 3RD COURT, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pedro Sanchez	_	<u>.</u>
		Name of Person	
	6915 WEST 3RD COURT, LLC Firm/Company 45 West 17th Street		
		Firm/Company	
	45 West 17th Street		
		Address	
	Hialeah, FL 33010		
		City/State and Zip Code	
	yogirentals@gmail.com		-
		o be used for future annual report notif	rication)
For further information c	concerning this matter, please ca	III:	
Maritza Hernandez	aritza Hernandez 786 473-0405 at ()		
Name o	f Person		e Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

6915 WEST 3RD COURT, 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 ______ and assigned Florida document number L16000201601 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: 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.

Hialeah

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 Programme 17 15	Type of Action
ABRM	Maritza Hernandez	45 West 17th ST	≣ Add
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in effective date is listed, the date must bte: If the date inserted in this bl	st be specific and cannot be prior to date o lock does not meet the applicable stat	f filing or more than 90 days after filing.) Puttory filing requirements, this date wi	irsuant to 605.0207 Il not be listed as:
cument's effective date on the D	epartment of State's records.	, , ,	
	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 9	0th day after the
is filed.			
0.4.1.15	2020		
October 15	2020		
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Typed or printed name of signee