L16000 203577

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COVER LETTER

	Registration Se Division of Cor		, e			
cub tra		46TH STREET, LLC		,		
SUBJEC	T: Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
		Pedro Sanchez				
			Name of Person			
		508 EAST 46TH STREET	, LLC			
			Firm/Company	11.01.000		
		45 West 17th Street				
Address						
		Hialeah, FL 33010				
		0 "	City/State and Zip Code			
		yogirentals@gmail.com E-mail address: (to be used for future annual report i	notification)		
For furth	er information c	oncerning this matter, please ca				
Maritza	Hernandez		786 473-0405			
Name of Person		at () Area Code Day	time Telephone Number			
Enclosed	l is a check for th	ne following amount:				
	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 Addres Registration S		Street Address Registration			
	Division of C	Corporations	Division of C	Corporations		
	P.O. Box 632	.7	The Centre o	f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

508 EAST 46TH STREET, LLC

1 - 1 - 2 Til 6: 10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _ L16000203577 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 , Florida 33010 Zip Code Hialeah City

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.

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 F. Et 10	Type of Action
ABRM	Maritza Hernandez	45 West 17th ST	≣ Add
		Hialeah, FL 33010	□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
		·	□Remove
			Change

	6 18 40 f. 5:10
	
	
	
	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 k does not meet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effectiv rd is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 15 Dated	2020
Datea	•

Typed or printed name of signee