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COVER LETTER

Registration Section

TO:

Division of Corp	porations				
	7TH STREET, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Pedro Sanchez				
Please return all correspo	ndence concerning this matter	to the following:			
	Pedro Sanchez				
		Name of Person			
	77 WEST 17TH STREET,	LLC			
		Firm/Company			
	45 West 17th Street				
		Address			
	Hialeah, FL 33010				
		City/State and Zip Code			
		ha word for future enough report not	(fication)		
			meanon)		
For further information c	oncerning this matter, please co	all:			
Maritza Hernandez					
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration Solution of Control P.O. Box 632	Section Corporations	Registration Se Division of Co The Centre of	rporations Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

77 WEST 17TH 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 $\frac{10/31/16}{2}$ and assigned Florida document number L16000203746 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 Changing Registered Agent, Signature of New Registered Agent

__, Florida 33010 Zip Code 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 Control of the Control	$V_U \gamma_{\overline{\mathcal{J}}} \frac{\text{Type of Action}}{}$
ABRM	Maritza Hernandez	45 West 17th ST	□. 11
		Hialeah, FL 33010	_
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ective date, if other than to effective date is listed, the date is te: If the date inserted in this cument's effective date on the	nust be specific and cannot be problem by block does not meet the app	dicable statutory fil	more than 90 da ing requiremen	(optional) ys after filing.) Pursuant nts, this date will not b	to 605,020 e listed a
ecord specifies a delayed effectis filed.	tive date, but not an effectiv	e time, at 12:01 a.m	, on the earlie	r of: (b) The 90th day	y after the
October 15	2020				
	109 Judez				

Typed or printed name of signee