## 117000003461

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	me)
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DIVISION OF CONTUNATION

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## **COVER LETTER**

	Registration Sect Division of Corpo			
		H MIAMI AVENUE, LLC.	•	
SUBJEC	T:	Name of Limite	ed Liability Company	
		mendment and fee(s) are submendence concerning this matter to		
		EDUARDO PEREZ		
			Name of Person	
		19120 NORTH MIAMI AV	'ENUE, LLC.	
			Firm/Company	
		40 SW 13 ST SUITE 203		
			Address	
		MIAMI, Fl., 33130		
		<u> </u>	City/State and Zip Code	
		EDUARDPEREZ@GMAIL	COM o be used for future annual report notifi	ication)
For furth	er information co	ncerning this matter, please ca		
EDUAR	DO PEREZ		786 445-2302	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
<b>\$25.</b> 0	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19120 NORTH MIAMI AVENUE LLC.		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number 1.17000003461	ompany were filed on 01/04/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ <del></del>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<b>3</b> 1 <u>V S</u>
		J inch
		GE CORPORATION OF COR
Enter new mailing address, if applicable:		<del>- 文</del>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>2_</u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the ney
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	. Florid:	<u> </u>
	City	Zip Code

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	Type of Action
MGR	EDUARDO PEREZ	40 SW 13 ST SUITE 203	
		MIAMI, FL. 33130	■ Remove
AMBR	FRANCIS N. HAWLEY	40 SW 13 ST SUITE 203	
		MIAMI, FL. 33130	Remove
			Change
AMBR	HYACINTH M. BLAKE	40 SW 13 ST SUITE 203	
		MIAMI, FL. 33130	■ Remove
			Change
MGR	HYACINTH M. BLAKE	19120 NORTH MIAMI AV.	■ Add
		MIAMI, FL. 33169	□ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			Change

ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date in state date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becument's effective date on the Department of State's records.  The goth day after the record is filed.  MAY 22  ANAY 22  ANAY 22  ANAY 22  ANAY 22	Tective date, if other than the date of filing:  (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Ite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.  The 90th day after the record is filed.  MAY 22  2017  MAY 22  2017			
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Filing Fee: \$25.00