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J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:		31 St. LLC	
<del></del>	Name of Lim	ited Liability Company	
			,
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	VIVIX	Name of Person	Ŝ
		Name of Person	·
	1061	NW 31 St. 22	C
		NW 31 57. 22 Firm/Company	
	5711	MI CHEL ANGERO	S1 .
		Address	
	CORAL	GABLES FL City/State and Zip Code	33146
		City/State and Zip Code	
	Stella F-mail address:	Prendes Q Yahoo.	Com
	E man address. (	to be used to ruture aimain report norms	enton,
For further information con	ncerning this matter, please co	an:	
VIVIAN	A. PRENDES	at ( <u>7</u> 86) <u>277-</u> Area Code Daytime	4921
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	<del>-</del>		
\$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)

## 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

# TO ARTICLES OF ORGANIZATION OF

	W 31 ST	,	20	$\subseteq$			
( <u>Name of the Limited</u> (A	Liability Company Florida Limited Lial	as it nov bility Co	w appears mpany)	on our reco	<u>rds.</u> )		
The Articles of Organization for this Limited Liab		ere filed	d on	01/25	5/2017	and ass	igned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	<u>ie limited liabilit</u>	ty comp	oany her	<u>e</u> :			
The new name must be distinguishable and contain the word	Is "Limited Liability	Compan	v " the des	ignation "L	C" or the abb	reviation I.	1.631
ū	·	Compan			20 01 1110 200	833	
Enter new principal offices address, if applicab						<u>~~~</u>	
( <u>Principal office address MUST BE A STREET A</u>	<u>4DDRESS)</u>					_	
	-					7	<u>Ę</u> S.
						2.0	
Enter new mailing address, if applicable:	_						<u> </u>
(Mailing address MAY BE A POST OFFICE BC	O(X)						
B. If amending the registered agent and/or registered agent and/or the new registered offic		ce addı	ress on	our recor	ds, <u>enter t</u>	he name	of the nev
Name of New Registered Agent:							
New Registered Office Address:							
		E	Inter Floria	la street addi	ress		
				, 1	Florida		
	<del>-</del> -	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

# or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of Action
MGR	ZRPINVESTME	NTS, LLC	<i>55</i> 57	SAN VICENTE	ST	Add
				GABLES		
		***				Add
						Remove
						Change
<del></del>						
						□ Remove
						Change
						_□ Add
						_□ Remove
						_□ Change
		<del></del>				And
<del>-</del>						Add
						_□ Remove
						_□ Change