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(Re	equestor's Name)	·
(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	-

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 609-6 Eucl	id LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter	-	
	Marlene Zapata		
		Name of Person	
	Gonzalez & Rodriguez Pl.		
		Firm/Company	
	999 Ponce de Leon Blvd., S	Ste 1135	
		Address	
	Coral Gables FL 33134		
		City/State and Zip Code	
	housefg@aol.com	to be used for future annual report notifi	antiant
For further information c	oncerning this matter, please co		Caton)
Marlene Zapata		at (305) 461-4880 Area Code Daytime	
Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

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



609-6 Euclid 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 v	vere filed on <u>06-26-2017</u>	and assigned
Florida document number L17000138768		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
For any model and describe the		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I an ovided for in Chapter 605, F.S. O	n familiar with and or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Horacio V. Pijuan	536 Euclid Ave #3, Miami Beach F	B Add
			□ Remove
			□ Change
MGR	Juan J Rebora		□ Add
		536 Euclid Ave#3, Miami Beach Fl	■ Remove
			☐ Change
			□ Add
			Remove
			Son Adda P
			TiRemoke
			Remove
			Change
			□ Chanan

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te: If the date inserted in th ument's effective date on the			y filing requiremen	ts, this date will not	be listed as t
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record specifies a dela	yed effective date, b	ut not an effec	tive time, at 12	:01 a.m. on the	earlier of:
he 90th day after the	record is filed.		<i>,</i> .		
ed July 05,	2017		1/2		
ed www.met	·	—///			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00