## L1800000 55677

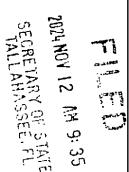
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	ration Sec on of Corp			
73 SUBJECT:	32-135TH	ST, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del> -
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all	Correspor	ndence concerning this matter	to the following:	
		Luis Carvajal		
			Name of Person	2024 NO
		\$100 Byron Avenue (#306	Firm/Company	2024 NOV 12 AM 9: 35 SECRETARY OF STATE SECRETARY SEE, FL
			Address	
		Miami Beach,FL. 33141	City/State and Zip Code	
		myemailis1960@gmail.com	1	
For further infor	rmation co	li-mail address: ( neerning this matter, please c	to be used for future annual report no all:	tification)
Luis Carvajal			305 801-1865	
	Name of	Person	at () Area Code Daytin	me Telephone Number
Enclosed is a ch	eck for the	e following amount:		
<b>■</b> \$25.00 Filir	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	30x 6327	ection prporations	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as if no</u> (A Florida Limited Liability Co	ow <u>appears on our records.</u> ) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L18000055677	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S B
(Principal office address MUST BE A STREET ADDRESS)	TO B
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Docusign Envelope ID: 40D37167-91DF-49E7-BB6F-CE637552D7AF

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LIENS, ANDRES M	8100 Byron Ave (#306)	🗆 Add
		Miami Beach,FL 33141	■Remove
			□Change
AMBR	CARVAJAL, LUIS	\$100 Byron Ave (#306)	<b>⊒</b> Add
		Miami Beach,FL. 33141	□Remove
			[]Change
			S Add
			Remove 2
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			☐ Remove
		····	□Change
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Effective date, if other than the fan effective date is listed, the date mo Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be proceed the appropriate the appro	olicable statutory fili	(option of the control of the	filing \ Poses	uant to 60 10t be lis	5.0207 ted as
record specifies a delayed effective is filed.	ve date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th	ı day afte	er the
	2024					
November I Dated						
Dated November I  Occusared by  INDEES ACUENS	Signature of a member or as					

Fiting Fee: \$25.00