L18000065567

(Reques	tor's Name)	
(Address	s)	
(Address	5)	
(City/Sta	ite/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busines	ss Entity Nan	ne)
(Docume	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	g Officer:	

Office Use Only



400412154804

2023 NOV -3 AMII: 29

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3301 MIAMI AVE LLC	
25	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1-1-1	Art of inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ait, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC I or 3 File
Name Date Time	UCC 11 Search
	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

то:		istration Sec sion of Corp					
or:n rez		3301 MIAM	I AVE LLC				
SUBJEC	ali,	-	Name of Lim	ited Liability Company			
			mendment and fee(s) are sub	_			
. 101130 10		un concepon	Landaeta Rincon, Do	-			
			Landacta Rincon, 190	Name of Person			
			3301 MIAMI AVE LLC				
			Firm/Company				
			14719 SW 25th LN				
			Address				
			Miami, FL 33185				
				City/State and Zip Code			
		doug.landaeta@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	er in	formation co	n-mail address: (iotification)		
Landacta Rincon, Douglas J		+58 412-249- at ()	7117				
		Name of	Person	Area Code Day	time Telephone Number		
Enclosed	l is a	check for the	following amount:				
□ \$ 25.0	90 Fi	ling 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

DocuSign Envelope ID: 7FABF495-05CB-4978-A3E9-7658A568BADD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7:LED 2023 NOV -3 AM II: 29

3301 MIAMI AVE LLC

(Name of the Limited Liability Company as it now appears on our records.) AHASSEE. FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{03/13/2018}{2}$ _ and assigned Florida document number _____L18000065567 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA 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: Name of New Registered Agent: 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.

Cire

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7FABF495-05CB-497B-A3E9-765BA56BBADD . It amending Authorized Person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Landaeta Rincon, Douglas J	14719 SW 25th LN	
		Miami, FL 33185	☐ Remove
		<u> </u>	☑ Change
			
			☐ Remove
			Change
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change
		-	Add
			□ Remove
			Change
			Add
			☐ Remove

The only amend is the address	is for the MGR, the new a	ddress is 14719 SW	25th LN, Miami, F	1 33185	
	············				
			_		
	······································		·		-
				TÀL.	2023
			· ·	LAHASS	NOV
					- - -3
				ري: البار البار	
	<u> </u>			F	AM II:
				0310	. 29
				7	
			_		
Tective date, if other than the in effective date is listed, the date into	date of filing:	5	(opt	tional)	
on effective date is listed, the date mile ote: If the date inserted in this blocument's effective date on the D	ock does not meet the app	licable statutory fili			
record specifies a delayed The 90th day after the rec		not an effective	time, at 12:01	a.m. on th	ne earli
November 3rd	. 2023				
	(1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00