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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	3751 10	TH AVENUE	LLC
30B/EC1	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Olgo	Name of Person	90
		Name of Person	
	37	51 10TH AVENUE Firm/Company	ilC
	3751	PC-P Address  Springs FL  City/State and Zip Code	
	frina	P.CP Address	
	Palm	Springs FL	33461
	·	City/State and Zip Code	<u> </u>
	E-mail address:	galindo 77 2	fication)
For further information c	oncerning this matter, please	call:	
Olga	Galindo	or 561, 714	3765
Name o	f Person	at (561) 714 Area Code Daytime	e Telephone Number
Enclosed is a check for th	<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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appe liability Company	ars on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	FO. 20	. 2018 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company	1e <u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the	designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<u> </u>	
			OF AR	
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<b></b>	
		<del> </del>	<u> </u>	
			<b>5</b>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>s</u>	enter the name of the n	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Flori		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ee to act in this	capacity. I furth	er agree to comply with t	

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>	Name	Address	Type of Action
<u> MGR</u>	olga Galindo	8099 Dillman Rd West Polm Beach FC	Add 33411
			Remove
			Change
AMBR	Edgar Alvarez	8099 Dillman Rd West-Polm Beach FL	DAdd
		west-Polm Beach FL	3341  D Remove
			Change
			□ Remove
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ecord specifies a d ne 90th day after th	elayed effective date, ne record is filed.	but not an eff	ective time, at 1	2:01 a.m. on the	earlier
d 05.17.7	2018		_		
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Page 3 of 3

Filing Fee: \$25.00