Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I2014000082 Phone : (305)644-9144 Fax Number : (786)477-5802

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1466 NE 56 ST LLC.

Certificate of Status	0
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COVER LETTER

	gistration Se tision of Cor			
SUBJECT:		6 ST LLC.		
SUBJECT:	-	Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return	all correspo	indence concerning this matter	to the following:	
		IRMA SERNA		
			Name of Person	
		ASLAN TAX SERVICES	INC	
			Firm/Company	
		762 SW 18TH AVE		
			Address	
		MIAMI, FL 33135		
		IRMA@ASLANTAXSER\	City/State and Zip Code /ICE.COM	
		f:-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please of	all:	
IRMA SER	NA		305 644-9144	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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 ARTICLES OF ORGANIZATION

1466 NE 56 ST LLC.

(Name of the Lim	ited Liability Compar (A Florida Limited I.	iv as it now appears o lability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number L18000157706	Liability Company	were filed on 06/27	7/2018	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here	;	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the desi	gnation "LLC" or the abbri	rviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
				
Enter new mailing address, if applicable:			4 - -	
(Mailing address MAY BE A POST OFFICE	ΕΒΟΧ)			
				
B. If amending the registered agent and registered agent and/or the new registered of	• • •		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	ASLAN AFFILI	ATES LLC		· <u></u>
New Registered Office Address:	762 SW 18TH	AVE		
The state of the s		Enter Floride	2 street address	
	MIAMI		, Florida <u>3313</u>	35
		Cin		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as p e registered office	performance of m provided for in Ch	v duties, and I am fac apter 605, F.S. Or, ij	miliar with and Tthis document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	ending any other information, enter civarge(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
. Effec	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): [If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 09/18 201B.
	HWY.
	Signature of a member or authorized representative of a member
	ALFONSO NICOLAS VILLAGOMÉZ DAVALOS

Page 3 of 3

Filing Fee: \$25.00

2010 SEP 27 ARTH: 56