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TALLAHASSEE FL

MAR 23 2019 D CONNELL

COVER LETTER

Division of Cor	porations		
SUBJECT: 50	101 1000	62 AVE LL ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John	Steven Go Name of Person	vate
		Firm/Company	
	5901 Si	U 162 Avenu	16
	South west	+ Manthes, F City/State and Zip Code	-L 33331
	Clutostal E-mail address: (1	City/State and Zip Code CCCD & Gy o be used for future around report, notifi	m (11) (Cm ication)
For further information c	oncerning this matter, please ca		
John Str	Urn Gurake	at (794 546 - Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

TO:

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

	2 AVE LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>レ 18000 2330</u> 99	2 AVE LLC pany as it now appears on our records.) d Liability Company) ny were filed on 10/3/2019 and assigned
This amendment is submitted to amend the following:	Chief O
A. If amending name, enter the new name of the limited lia	7 V
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	5901 SW 162 Avenue Southwist Ranches, FL 33331
(Principal office address MUST BE A STREET ADDRESS)	Southerst Ranches, FL >>351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5901 SW 162 Avenue Southwest Kuncher, FL 33331
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: JC New Registered Office Address: SOCI	Shn Steven Gurute Sw 1k2 Avenuc Enter Florida street address
Swith	Enter Florida street address Sest Min Unis Florida Zip Code
	Cuy Zip Code

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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John Steven Gurale	5901 SW 162 Avenue Switnest Kuncher, FL	Li Add
			Remove
•		ill Shir Dicta terries	Change
AMBR	Teresita Bryan	1165 NE 210th Terrace Miuni, FL 33179	
	,		Remove
			Change
			□ Remove
			Change
			□ Add
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			□ Change
			□ Add
			□ Remove
			Change
			□ Add
		<u></u>	_□ Remove
			□ Change

a aut	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature by a member of a uthorized representative of a member
	Teresite Bry an Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

March 8th, 2019

To Whom It May Concern:

I Teresita Bryan authorized member for 5901 SW 162 AVE LLC state that I am familiar with these changes and accept the removal of my name and address 1165 NE 210th Terrace Miami, FL 33179, from 5901 SW 162 AVE LLC and assign John Steven Garate as an authorized member.

I can be reached at 786-419-5252 if you need to contact me.

Thank you,

Teresita Bryan

March 8th, 2019

To Whom It May Concern:

I John Steven Garate state that I am familiar with these changes and accept the obligations of the position as an authorized member for 5901 SW 162 AVE LLC.

I can be reached at 786-346-1687 if you need to contact me.

Thank you,

John Steven Garate