L18000256483

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to File	ing Officer:	
	J. HORNE	
(OCT - 3 200	22.

Office Use Only



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07/01/22--01021--015 **25.00



- COVER LETTER

TO:

Registration Section Division of Corporations

West 77th S	Street, LLC	••	,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Rene Vivo		
		Name of Person	
	West 77th Street, LLC		
		Firm/Company	
	7545 West 24th Avenue, #	100	
		Address	
	Hialeah, FL 33016		
		City/State and Zip Code	
	info@vivogroup.net		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Rene Vivo		305 817-8899 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

ARTICLES O	F AMENDMENT		
A DITICUES OF	TO	20	A.
ARTICLES OF	F ORGANIZATION OF	1127	
	Or	13. Car	
West 77th Street, LLC			as Ma
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our ed Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 10/31/201	8	and assigned
Florida document number L18000256483			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		_ <u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	as address on our records	antar the nam	o of the nam majetared
agent and/or the new registered office address here:	ce address on our records.	enter the main	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a			
provisions of all statutes relative to the proper and comple			
accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off			

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>	Address	Type of Action
MGR	Evelyn Vivo	7545 West 24th Avenue, Suite 100	
		Hialeah, FL 33016	≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

,					
					
		-			
Iffective date, if other	r than the date of i the date must be specified in this block does	filing:ic and cannot be prior	to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.0207 (3

Typed or printed name of signee