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## **COVER LETTER**

Registration Section Division of Corporations

TO:

7601 E TRE SUBJECT:	ASURE 610, LLC		
30bate1	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	VERONICA DE MARZI		
		Name of Person	
	7601 E TREASURE 610, I	LLC	
		Firm/Company	
	11111 BISCAYNE BLVD	АРТ РНА	
		Address	
	NORTH MIAMI, FL 3318	11	
		City/State and Zip Code	
	DEMARZIVERO@H <b>O</b> TM	AIL.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	all:	
VERONICA DE MARZI		386 569-5822 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 Address Registration Solvision of Color. P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

7601 E TREASURE 610, LLC

	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited I.  Florida document number L19000029051  This amendment is submitted to amend the fol		R-6
A. If amending name, enter the new name of		是こ
A. It amending name, enter the new name (	of the minted hability company here.	7. 08
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
The Administration of the Control of		
Enter new mailing address, it applicable:		
	<u></u>	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on our records,	enter the name of the new registere
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on our records,	enter the name of the new registere
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, ess here:  VERONICA DE MARZI  11111 BISCAYNE BLVD APT PHA	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	registered office address on our records, ess here:  VERONICA DE MARZI	
	registered office address on our records, ess here:  VERONICA DE MARZI  11111 BISCAYNE BLVD APT PHA	

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>	Address	Type of Action
MGR	GRACIELA E STEZOVSKY	11111 BISCAYNE BLVD APT PHA	□Add
		NORTH MIAMI, FL 33181	■Remove
		· ····	□Change
MGR VERONIC	VERONICA DE MARZI	11111 BISCAYNE BLVD APT PHA	<b>=</b> Add
		NORTH MIAMI, FL 33181	□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	🗆 Add
			□Remove
			□ Change
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			□Remove
		<del>-</del>	□Change
			□Add
			□Remove
			□Change

an effectiv ote: If t	date, if other than the date of filing:	
record sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated M/	ARCH 3 2020	
	Signature of a member or authorized representative of a member	
	ARISTIDES DE MARZI	

Filing Fee: \$25.00