L19000035077

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

TO: Registration Section

Divisi	on of Cor	porations		
CUDIFOT.	724 SW	AVENUE C PL LLC		
SUBJECT: _		Name of Lin	nited Liability Company	·····
The enclosed A	articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Ralph Padron		
		·	Name of Person	
		PADRON & ASSOCIAT		
			Finn/Company	.
		2095 W 76TH ST - SUIT	E 102	
			Address	
		HIALEAH, FL 33016		
		-	City/State and Zip Code	
		ralph@padrongroup.com		···
			to be used for future annual report i	notification)
For further info	rmation co	oncerning this matter, please c	all:	
Ralph Padron			305 818-0404 at ()_	Į.
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a ch	neck for the	e following amount:		
≅ \$25.00 Filin	ng 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)
Regis	g Address tration S		Street Address: Registration S Division of C	Section
P.O. I	Box 6327	7	The Centre o	•
Tallal	nassee, F	L 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

724 SW AVENUE C PL LLC

(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		_	
The Articles of Organization for this Limited L	iability Company were filed on	02/04/2019	an	d assign	ed
Florida document numberL1900003507	<u> </u>				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company he	re:			
		_			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the	e abbreviatio	on "L.L.C.	,,,
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			202	
			27	3SE	
			100	Tip Code to comply with the ailiar with and this document is	
Enter new mailing address, if applicable:			733-3	9	j
(Mailing address MAY BE A POST OFFICE	BOX)		-13 	- T-	: 1
_			-, .		<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			ame of the	: new re	gistered
New Registered Office Address:	2095 W 76TH ST - SUITE 102				
New Registered Office Address.	Enter Flori	Enter Florida street address			
	HIALEAH	, Florida	33016		
	Ciry			ode	
New Registered Agent's Signature, if changing F	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this secondary.	er and complete performance of a stered agent as provided for in C registered office address, I hereb	my duties, and I ar hapter 605, F.S. C	m familiai Or, if this d	r with ai documei	nd

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
			□ Add
		•	□Remove
		·	□Change
			□Add
			□Remove
			
			□Add
			□Remove
			DAdd
			□ Remove
			□Add
			□Remove
			□Change
			bbA□
			□Remove
			□ Change

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Effective date, if other	than the date of filir	ıg:			(option	nal)	
f an effective date is listed, t Note: If the date inserted							
document's effective date							
ne record specifies a The 90th day after	i delayed effective the record is filed	date, but	not an eff	ective time,	at 12:01 a.	m. on the	e earlier
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Dated	September 8	, 2023					
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			1. 1.				

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Filing Fee: \$25.00