## L19 0000 38903

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

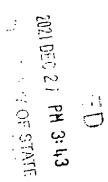
Office Use Only

A. RIVERS
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## **COVER LETTER**

Division of Co			
SUBJECT:	Algo Tra	de Capilal LL mited Liability Company	· C
	V Name of Li	mited Liability C6mpany	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Alexan	der Zograf Name of Person	
		Firm/Company	
	201 178 ti	Address	d
		City/State and Zip Code	
·		to be used for future annual report noti	1. com
for further information co	oncerning this matter, please c	all:	
Alexauder Name of	Person	at ( <u>917</u> ) <u>371</u> Area Code Daytim	e Telephone Number
inclosed is a check for th	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 S		<u>Street Address:</u> Registration Sec	rtion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.)  [Liability Company]
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1900038903</u> .	y were filed on <i>O</i> _2 <u>/07/20/9</u> _ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
Ma-fella 609 LLC  The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles FL 33160
Enter new mailing address, if applicable:	201 178th Prive Apt #418
(Mailing address MAY BE A POST OFFICE BOX)	201 178th Drive Apt #418 Sunny 1sles FL 33160
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	(유 로 디
	Enter Florida street address
	City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or renioved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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	re date, if other than the date of filing:
e record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	12/21/ 2021.
	Signature of a member or authorized representative of a member
	1/ = V 1 / D = D = Z 2 2 2 4 =
	ALEXANDER ZOBRAF Typed or printed name of signee