## L19 0000 67039

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TO APR 29 PM 3: 58

Name Change

## **COVER LETTER**

Division of Co				
SUBJECT:	2ND AVE LLC Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Henry Dow			
		Name of Person		
	555 NW 95th St	Firm/Company		
	Miami, FL 33150	Address		
	assistant@wrgfla.com	City/State and Zip Code		_ <u>=</u>
For further information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifiall:	cation)	19 APR 2
Marta Marin		305 661 2533		29 PM
Name c	of Person	Area Code Daytime	Telephone Number	M 3: 58
Enclosed is a check for t	he following amount:			រីភ
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &

TO:

Registration Section

MAILING ADDRESS: 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

6909 NW 2ND AVE LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000067039}{L19000067039}$ .	were filed on 03/08/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
311 NE 56th St LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 NW 95th St	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33150	<u> </u>
		19
Enter new mailing address, if applicable:	555 NW 95th St	APR 2
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33150	<b>9</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Maining dudress MAT BE A FOST OFFICE BOA)		90
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>ent</u> <u>re</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Remove
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		04/26/2019			
Effective date, if other that If an effective date is listed, the d	in the date of fi			(optional	)
If an effective date is listed, the d Note: If the date inserted in document's effective date on	this block does no	ot meet the applicat	date of filing or more old statutory filing r	than 90 days after filing equirements, this date	g.) Pursuant to 605.0207 e will not be listed as
ne record specifies a de The 90th day after th			an effective tim	e, at 12:01 a.m.	on the earlier of
Dated April 26		2019			
<u> </u>	n /	·····			
16-	- 1		ized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00