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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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2019 DEC -9 PM 12: 50 SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5610 Fast Maring LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mariposa Cordona Name of Person
Cardona Property Management Inc. 4429 Hollywood Blud #813548
4429 Hollywood Blud, #813548
Hollywood FL 33081-6031
Mucie Valdes de 1 Og mail · COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marizosa Cardona at 954 980-8835 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

5610 East Mari	na LLC
(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1900072650</u> ,	vere filed on March 14, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
823 Sw 1 Street	LLC.
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SE 20
(Principal office address MUST BE A STREET ADDRESS)	ACR 2 TI
	m Z S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	F > 5
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B. Z. S.	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
		<u></u>	
			Remove
			
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If amending any other information, enter change(s) here: (Attach additional she		-
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	2019 DEC SECRET]
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	50 FL	-
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than a second s		
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.m. on the earli	ier of:
Dated December 4, 2019.		
Signature of member or authorized representative of a men	nber	

Page 3 of 3

Filing Fee: \$25.00