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COVER LETTER

Tallahassee, FL 32314

	tion Section of Corporations	··	
SUBJECT:	2820 SW 13 ST LLC		
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Arti-	cles of Amendment and fee(s) are s	submitted for filing.	
Please return all co	orrespondence concerning this mat	tter to the following:	
	Ralph Padron		
		Name of Person	
	PADRON & ASSOCIA	ATES, INC.	
		Finn/Company	
	2095 W 76TH ST - SUI	ITE 102	
		Address	
	HIALEAH, FL 33016		
		City/State and Zip Code	
	ralph@padrongroup.com	s: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please	•	
Ralph Padron		305 818-0404 at ()	
1	Name of Person	Area Code Daytime Telephone Number	-
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fe Certified Copy (additional copy is	tatus &
Mailing /		Street Address:	
_	ition Section of Corporations	Registration Section Division of Corporations	
P.O. Bo		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2820 SW 13 ST LLC

	2820 SW 13 ST LLC				
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 04/16/2019			and assigned		
Florida document number	331				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company her	·e:			
		_			
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if appl		·			
(Principal office address MUST BE A STRE					
(1) Incipal office address MOST DE ASTRE	<u>LI ADDRESS)</u>				
					
Enter new mailing address if applicables					
Enter new mailing address, if applicable:			20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Mailing address MAY BE A POST OFFICE BOX)					
			<u> </u>		
B. If amending the registered agent and/or	registered office address on our re	cords, enter the na	∞် ယ		
agent and/or the new registered office addr	ess here:	<u> </u>	ino di tito non registero		
Name of New Registered Agent:	PADRON & ASSOCIATES, INC.				
New Registered Office Address:	2095 W 76TH ST - SUITE 102				
	Enter Florid	la street address			
	HIALEAH	, Florida ³	33016 Zip Code		
	City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register	ed agent and agree to act in this co	apacity. I further a	gree to comply with th		
provisions of all statutes relative to the pro					
accept the obligations of my position as reg	gistered agent as provided for in Ch	iapter 605, F.S. Oi	r, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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Note: If the date inse	her than the date of fili ed, the date must be specific a rted in this block does not date on the Department of	t meet the appli	cable statutory fil	more than 90 days after ing requirements, th	ional) er filing.) Pursuant to is date will not be	605.020 listed a
e record specifie The 90th day at	s a delayed effective ter the record is filed	date, but no	ot an effect ive	e time, at 12:01	a.m. on the ea	arlier o
	Sentember	8, _2023				
Dated	<u> </u>	^	A			
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Filing Fee: \$25.00