119000114243

(Req	uestor's Name)	
(Adda	ress)	
(Add	ress)	
(City/	/State/Zip/Phone #)) .
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALL AHASSEF, FINDING

FILED

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COVER LETTER

TO:	Registration Sec Division of Corp			
CIID	174 40 ST. I			
SUB	JECT:		ited Liability Company	
The e	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Frandy Previl		
		174 40 ST, LLC	Name of Person	
		325 NW 161st Street	Firm/Company	
		Miami, FL 33169	Address	
		frandy@cjapl.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For f	urther information co	oncerning this matter, please ca		
Mim	iose Previl Name o	f Darran	786 287-1147 at ()	ne Telephone Number
	Name o	r reison	Area code Dayiii	ic reseptione Number
Encle	osed is a check for th	ne 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 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**

174 40 ST. LLC	
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 04/26/2019 and assigned
Florida document number 1.19000114243	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
N/A	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 2019 AUG 3
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the
Name of New Registered Agent: N/A	20 mm (4 mm)
New Registered Office Address:	Enter Florida street address
	e.mer r toriaa street aauress
	, Florida
New Registered Agent's Signature if changing Register	,

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 add to removed from our records:

MGR = Manager AMBR = Authorized Member

. . .

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Previl, Frandy M	325 NW 161st Street	
		Miami, FL 33169	_ _ Add
			■ Remove
			Change
MGR	Previl, Mimose	325 NW 161st Street	
-		Miami, FL 33169	Add
		Wildill, FL 33109	☐ Remove
			
			Remove
			Change
<u>_</u>			
	<u> </u>	□ Remove	
			Change
		Add	
		☐ Remove	
			Change
			Remove
			☐ Change

	:N/A
(If an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of eequal to the secord is filed.
Dated	1 tangust 27 , 2019.
	for a vy 16 Wil Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00