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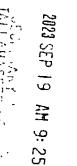
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	
1300 N.	W. 43 ST LLC		
SUBJECT:	1300 N.W. 43 ST LLC		
		-	
	Ralph Padron		
		Name of Person	
	PADRON & ASSOCIATE	ES, INC.	
	PADRON & ASSOCIATES, INC. Finn/Company 2095 W 76TH ST - SUITE 102 Address HIALEAH, FL 33016 City/State and Zip Code		
	2095 W 76TH ST - SUITI	E 102	
		Address	
	HIALEAH, FL 33016		
		City/State and Zip Code	
	• • •		
Face Contact Constitution		•	
	oncerning this matter, please c	aii:	
Ralph Padron			
Name of	Person	Area Code Daytime Telephone	Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration S			
Division of C		Division of Corporations	3
P.O. Box 632	7	The Centre of Tallahasso	ee
Tallahassee, F	FL 32314	2415 N. Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1300 N.W. 43 ST LLC

(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears or ty Company)	our records.)			
The Articles of Organization for this Limited	Liability Company wer	e filed on	05/10/2019	an	ıd assig	med
Florida document numberL190001277	775					
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited liability	company here:				
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the desig	nation "LLC" or the	abbreviatio	on "L.L.	C."
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)			ي∑ٍ	20.	
					S	
	_				0	· s. r
Enter new mailing address, if applicable:				77.E	19	£ *-1
(Mailing address MAY BE A POST OFFICE				***	A	; 1
Mulling dudress MAT BE A FOST OFFICE	<u> </u>				<u>۔۔۔۔</u>	
	_		=	<u>::</u>	 1251	
B. If amending the registered agent and/or	registered office addre	es on our roco	rds enter the nai	:> me of th		rogistoro
agent and/or the new registered office addre		ss on our reco	us, enter the har	inc or the	C IICW	egisteret
Name of New Registered Agent:	PADRON & ASSOC	CIATES, INC.				
New Registered Office Address:	2095 W 76TH ST - S	SUITE 102				
New Registered Office Address.		Enter Florida :		-		
	HIALEAH		, Florida <u>3</u>	3016		
		City	, 1 101101	Zip (Code	
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfe istered agent as provid registered office addr	ormance of my ded for in Cha	duties, and I am oter 605, F.S. Or	familia t, if this i	r with . docum	and ent 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>	<u>Name</u>	Address	Type of Action
			□Add
			
			Change
			DAdd
			□Remove
			□Add
			Remove
			Change
			☐Add
			Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove

Page 2 of 3

						
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f an effective date is list Note: If the date inse	ther than the date of filir ted, the date must be specific an erted in this block does not date on the Department of	d cannot be prior meet the applic	cable statutory fil	more than 90 days aft	tional) er filing.) Pursuant his date will not b	to 605.0207 be listed as
	es a delayed effective fter the record is filed		ot an effective	e time, at 12:01	a.m. on the	earlier of
The 90th day a		, 2023				
	September 8	2	orized representati			

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Filing Fee: \$25.00