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COVER LETTER

Division of Co	rporations		
SUBJECT:	1825 W 24 ST LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Eric A. Jacobs, Esq.	
		Name of Person	
		Nexterra Law	
		Firm/Company	1.00
	169	91 Michigan Avenue, Suite 360	
		Address	<u></u>
		Miami Beach, FL 33139	
		City/State and Zip Code	
	E-mail address (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all;	
Eric A. Jacc	bs. Esq.	305 695-2699	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

TO:

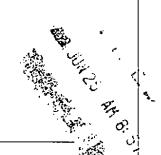
Registration Section

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



1825 W 24 ST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code			
This amendment is submitted to amend the following: 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 Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code		ny were filed on 05/16/201	9 and assigned
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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	riorida document number		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code	This amendment is submitted to amend the following:		
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Tip Code	The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designato	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Enter new principal offices address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent:			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	Enter now mailing addrage if applicables		
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	(Mailing address MAY BE A POST OFFICE BOX)	-	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered	office address on our r	ecords, enter the name of the no
New Registered Office Address: Enter Florida street address Florida City Zip Code	registered agent and/or the new registered office address he	<u>ere</u> :	
New Registered Office Address: Enter Florida street address Florida City Zip Code	Name of New Registered Agent:		
Enter Florida street address	<u> </u>		
Florida	New Registered Office Address:	Entan Elvet ta ven	
City Zip Code		vnier v ioriaa sirve	t adaress
		<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:		City	Zip Code
	New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FELIX COHEN REVOCABLE	1925 NE 118 ROAD	
		NORTH MIAMI, FL 33181	■ Remove
			Change
MGR	FELIX COHEN	1925 NE 118 ROAD	
		NORTH MIAMI, FL 33181	
			□ Remove
			□ Change
			☐ Remove
			□ Change
			□ Remove
			□ Change
			☐ Remove
			□ Change

E. 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 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated $\frac{21}{\sqrt{2}}$
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00