## L19 000 142508

(Requ	estor's Name)	<u> </u>
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(City/S	State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

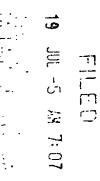
Office Use Only



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JUL 1 7 2019 S. YOUNG



## **COVER LETTER**

Div	ision of Cor	-			
816 JASMINE LLC SUBJECT:  Name of Limited Liability Company					· <del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jack Avid			
		816 JASMINE LLC	Name of Person		
		<del></del>	Firm/Company		
		920 Collins Ave.	, ,		
			Address		
		Miami Beach, FL 33139			
		mariano@sobe-hostel.com	City/State and Zip Code		
			to be used for future annual a	report notification	on)
For further in	nformation c	oncerning this matter, please ca	all:		
Mariano Leo	)			9931	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enci		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET	COURIER A	ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

816 JASMINE LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)
	pany were filed on 05/29/2019 and assigned
Florida document number L19000142508	
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 "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u></u>
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	<u>Σ</u>
D. If amonding the registered agent and/or registered	ed office address on our records, enter the name of the
registered agent and/or the new registered office address	
	,: - <del>-</del>
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

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	OVED, STEVEN		Add
			□ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	⊟ Change
			Add
			🖸 Remove
			☐ Change
			Remove
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	07/	03/2019		
Effective date, if other	r than the date of filing:		(optional)	
If an effective date is listed.  Note: If the date inserte	the date must be specific and canno	e applicable statutory f	or more than 90 days after filing.) Pursu illing requirements, this date will no	
	a delayed effective date, r the record is filed.	but not an effectiv	e time, at 12:01 a.m. on th	e earlier of:
Dated July 2nd	The state of the s	9		
	MMI	XM/		
	Signature of a membe	r or authorized representa	tive of a member	
	` `			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00