L19000142514

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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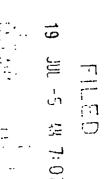
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JUL 1 7 2019 S. YOUNG



COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	2429 GALLI				
SOBSECT		Name of Limit	ted Liability Company		
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please returi	all correspon	dence concerning this matter to	o the following:		
		Jack Avid			
			Name of Person		-
		2429 GALLERIA H STRE	ET LLC		
			Firm/Company		-
		920 Collins Ave.			
			Address		_
		Miami Beach, FL 33139			
		mariano@sobe-hostel.com	City/State and Zip Code	·	-
		E-mail address: (to	o be used for future annual repo	rt notification)	
For further i	nformation co	ncerning this matter, please ca	H:		
Mariano Leo)		786 431993 at ()		
-	Name of	Person	at () Area Code	Daytime Telephone Numbe	r
Enclosed is	a check for the	following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica 5) Certified	ate of Status &

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

2429 GALLERIA 11 STREET LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L19000142514}{L19000142514}$.	ny were filed on 05/29/2019	and assigned
· forida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		77.7
		小小
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	•	07
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	s
	Flo	orida
	City	Zip 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>	<u>Address</u>	Type of Action
MGR	OVED. STEVEN		Add
			☐ Remove
		138 EAST 31ST STREET, SUITE C-1 NEW YORK, NY 10019	
			Remove
			☐ Change
			Change
	· .		□ Add
			□ Remove
			Change
			D Add
			□ Remove
		<u> </u>	
			Remove
			Change

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	07/02/2010
ffectiv	e date, if other than the date of filing: (optional)
an effec	tive 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
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at a seffective date on the Department of State's records.
cocarric	is a circuit of the permitten of once a record.
	and an addition and allowed affective data, but not an affective time, at 12,01 a.m. on the garlier of
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. \bigcirc
j	uly 2nd \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ated _	- Children Mark.
	1 M MMX WV
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00