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(Re	questor's Name)	
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C. BRUMBLEY FEB 2 4 2022

COVER LETTER

TO:	Regis Divis	stration Section tion of Corporations		
SUBJ	ECT:	EL DUPLEX 902 LLC		
		(Name of Limit	ed Liability Co	empany)
The er	nclosed	I member, resignation or dissocia	tion and fee	(s) are submitted for filing.
Please	return	all correspondence concerning the	nis matter to	:
Daniel	Wagner	, Esq.		
		(Contact Person)		_
Daniel	Wagner	, P.A.		
		(Firm/Company)		_
20807	Biscayn	e Blvd., Suite 201		
		(Address)		_
Aventu	ıra, FL 3	3180		
		(City/State and Zip Code)		_
For fu	rther ir	nformation concerning this matter	, please call	:
Daniel	Wagner	. Esq.	305 at (9197788
-	(N	ame of Contact Person)		e & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable to 3 Fee		Department of State for: ng Fee & Certified Copy
		g Address: stration Section		Street Address: Registration Section
		ion of Corporations		Division of Corporations
	P.O. 1	Box 6327		The Centre of Tallahassee
	Tallal	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu	ment/registration number a	ssigned to this limited liability company is:
L19000265629		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 2/9/2022
ANGEL SANTO	S	hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MEMBER AND	MANAGER	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2027.

L14000027502

(Ke	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C. BRUMBLEY FEB 2 4 2022

COVER LETTER

TO:	Registration Se Division of Cor		₩	• •	•-	
	25005 SW	142 AVENUE, LLC				
SUBJI	ECT:	Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Daniel Wagner, Esq.				
			Name of Person	<u> </u>		
		Daniel Wagner, P.A.				
			Firm/Company			
		20807 Biscayne Blvd., Suit	e 201			
			Address			
		Aventura, FL 33180				
			City/State and Zip Code			
		daniel@danielwagnerlaw.co	on to be used for future annual	report notification)		
				Toport nomination,		
For fu	rther information c	concerning this matter, please co		0.5500		
Danie	l Wagner, Esq.		at (97788		
	Name o	of Person	Area Code	Daytime Telepho	one Number	
Enclo	sed is a check for t	he following amount:				
≘ S:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre Registration		<u>Street A</u> Registi	address: ration Section		
	Division of C		Divisio	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L14000027502 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 "Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	ssigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	L.L.C."
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX) Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ Θ	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	ew register.
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
City Zip Code	₽*

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 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>	Name	Address	Type of Action
MGR A	ANGEL SANTOS	551 E. 60 Street	□Add
		Hialeah, FL 33013	■Remove
			□ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
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		□Add	
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			Change
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			□Add
			Remove
			□ Chara

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
f the recor	d 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 ed.
Dated	02/09/22
	The state of the s
	Signature of a member or authorized representative of a member
	ADDIEL ORTEGA
	Typed or printed name of signee

Filing Fee: \$25.00