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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE.

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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	110 Palm Av	renue, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Camilo Aldama		
			Name of Person	<del></del>
			Firm/Company	<u></u>
		16400 NW 59th AVE		
		-	Address	
		Miami Lakes, FL 33014		
		caldama@pacificacompanie	City/State and Zip Code s.net	
		E-mail address: (t	o be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	11:	
Camilo Alda	ıma		305 370-4540	
-	Name of	Person	at () Area Code Daytim	e Telephone Number
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)	☐ \$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

110 Palm Avenue, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 28, 2019	and assigned
Florida document number L19000269602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
1105 Palm Avenue, LLC		
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		ZBIS NOV
(Principal office address MUST BE A STREET ADDRESS)		27 2 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LED RAIL: 24 ASSEE, FROMOA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	emer r torida street address	
	, Florid	
	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			
			Remove
			Change
			☐ Remove
			Change
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	<del></del>		Add
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Tective date, if other than the date of filing:	Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	will not be listed:
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	on the earlier
The 90th day after the record is filed.	on the corner
November 12 2019	
ated	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00