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COVER LETTER

Registration Section Division of Corporations

TO:

and in our	116 W FLAGLER STREET, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sul	binitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	MARK ALHADEFF		
		Name of Person	
	THE ALHADEFF LAW	GROUP, P.L.	
		Firm/Company	
	11900 BISCAYNE BLVE	SUITE 289	
		Address	
	MIAMI, FL 33181		
	· 	City/State and Zip Code	
	mark@alhadefflaw.com		
	E-mail address:	(to be used for future annual report no	tification)
For further informa	tion concerning this matter, please of	call:	
MARK ALHADEI	F	786 618-9703	
N	ame of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce S30.00 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
Division P.O. Box	ion Section of Corporations	Street Address: Registration So Division of Co The Centre of	orporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 ALS 24 PM 6:03 116 W FLAGLER STREET, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/21/2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000024856 Florida document number 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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

1

1.

<u>Title</u>	<u>Name</u>	Address 2120 Allis 21, 17, 6: 03	Type of Action
MGR	DEISY VILLAR	1210 MICHIGAN AVE MIAMI FL 33139	= Add
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ffective date, if other than the date of filing: (optional) 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.) Persuant to 605.0207 is force: If the date inserred in this block does not meet the applicable statutory filing requirements, this date will not be listed as a comment's effective date on the Department of State's records. The provided and the state of t							—-														
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Filing Fee: \$25.00