LZO 0000Z6483

(Re	questor's Name)	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			•
921 NE 72	ST LLC	•	•
SUBJECT: /	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ISAI CETOUTE		
		Name of Person	·····
		Firm/Company	
	300 NW 82 TER		
		Address	
	MIAMI, FL 33150		
		City/State and Zip Code	
	isaicetoute12@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	fication)
RUSSELL STERN	<i>g</i>	954 614-6292	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Addre		Street Address:	etion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-
Tallahassee	FI. 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

921 NE 72 ST LLC

2020 JUN 25 PM 3: 49

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on ou Liability Company)	ALLAMASSEE, FLORE	
The Articles of Organization for this Limited Lia Florida document number L20000026483	ability Company	were filed on 01/21/2020	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	921 NE 72 ST		
(Principal office address MUST BE A STREET	T ADDRESS)	MIAMI, FL		
		33138		
Enter new mailing address, if applicable:		300 NW 82 TER		
Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL		
		33150		
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			enter the name of the new regis	
	300 NW 82 TE	R	<u>.</u>	
New Registered Office Address:		Enter Florida stree	t address	
	MIAMI		, Florida 33150	
		C'in'	, Florida 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>	Address	Type of Action
MGR	ANDRE L. BAKER	1916 NW 48 ST	
		MIAMI, FL	■ Remove
		33142	□Change
MGR	ISAI CETOUTE	921 NE 72 ST	_
		MIAMI, FL	
		33138	
AMBR	MBR BENJAMIN ARBIA	921 NE 72 ST	
		MIAMI, FL	
		33138	
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
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ective date, if other than the	e date of filing:	NE 22, 2020		(optional)	
effective date is listed, the date mu e: If the date inserted in this b					
ument's effective date on the D					
cord specifies a delayed effective filed.	re date, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b) The	90th day after the
JUNE 23 ed	√ . 202	.0			
ed JUNE 23	7, 202				
ed JUNE 23	Signature of a member				