L200000 44606

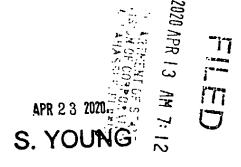
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SUBJECT:	Name of Limited Liability Company
Division of Corporations	
Please return all correspor	ndence concerning this matter to the following:
	Rutur Gordillo Name of Person
	Firm/Company
	12575 NE 7th Arr
	North Mian: FL 33/21 City/State and Zip Code gordillo holdings Damail Cow
	E-mail address: (to be used for future annual report notification)
	O = C I I
Enclosed is a check for the	e following amount:
t≱ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status & Certificate of Status & Certified Copy
<u>Mailing Address</u> Registration S	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

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523 NW 108 ST LLC = = = = = = = = = = = = = = = = = =
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2-7-20 miles and assigned
Florida document number <u>L200000 44 606</u> .
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 register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida
Cuy 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 to
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Perry Stolberg	12575 NE 7th Ave North Miam: FL 33/61	Œ⁄Add
		North Miam: FL 33/61	□Remove
			□Change
			□Add
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			□Change
			□Add
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an effec ote: If	date, if other than the date of filing:	5.0207 (.ed as t
ecord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ited _	Signature of a member of substitute of a member	
	Signature of a meruper of mannorized representative of a memori	
	Rotacl Gordillo	