L200000 55733

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
erin ilizer.		2TH ST, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
rease rectifi	in correspon	ndence concerning and maner	to the rollowing.	
		FRANKLIN HERRERA		
			Name of Person	
		6620 SW 12TH ST, LLC		
			Firm/Company	
		6201 N. FALLS CIRCLE	DR #406	
			Address	
		LAUDERHILL, FL, 33319		
			City/State and Zip Code	
		FRANKLIN@DISTRICT9	•	
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation e	oncerning this matter, please c	all:	
FRANKLIN	HERRERA		754 204-4703	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of Corporations		
). Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6620 SW 12TH ST, LLC

company has been notified in writing of this change.

(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 Lia Florida document number L20000055733		were filed on 02,	19/2020 Cand assigned 25
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company he	e <u>re</u> :
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6201 N. FALLS CIRCLE DR #406	
(Principal office address MUST BE A STREET		LAUDERHILL, FL. 33319	
Enter new mailing address, if applicable:		6201 N. FALLS	CIRCLE DR #406
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	LAUDERHILL, FL. 33319 .	
B. If amending the registered agent and/or regagent and/or the new registered office address	• •	address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	6201 N. FALLS	S CIRCLE DR #40	6
New Registered Office Address.	Enter Florida street address		
	LAUDERHILL		, Florida 33319
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist	and complete	performance of	my duties, and I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Remove
			□Change
		<u> </u>	
			□Remove
			□ Channo

ffective date, if other than the date of filing: (optional)	þ	LEASE INCLUDE EIN 84-4865657
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Signature of a member or authorized representative of a member	Dated _	MARCH 16TH 2020
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Typed or printed name of signee