h20000081028

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SECRETATE OF STATE
TALLAHASSEE, FI

A. BUTLER AUG 2 6 2022

COVER LETTER

TO: Registration So Division of Con					
	1 FLR, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Uriel Marrache				
		Name of Person			
		Firm/Company			
	PO Box 414419				
		Address			
	Miami Beach FL 33141				
	nikizito@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:			
Nicole Zito		561 4484			
Name o	of Person	Area Code Dayti	ime 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		
<u>Mailing Addre</u> Registration		Street Address:	Section .		
Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To the factor

BH 7904 11 FLR LLC

2022 JUN 10 AM 6: 50

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our re la Limited Liability Company)	CORD LA VISE STATE
The Articles of Organization for this Limited Liability C		
-		and assigned
Florida document number 1.20000081028	<u></u> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>er</u>	ter the name of the new register
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street ac	klress
	(1).	, Florida
	City	гар соне
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties igent as provided for in Chapter 6 red office address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signati	ure of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Nicole Zito	PO Box 414449 Miami Beach FL 33141	≣Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
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fan effect Note: H	e date, if other is listed the date in some office time of the date in some office time.	ed, the date r crted in this	nust be speci block does	lic and cannot not meet t	ot be prior to he applicat	ralate of tiling	or more that	i 90 davs atter	tiling.) Pursua	nnt to 605.0207 of be listed as
record : d is tiled	specifies a do d.	elayed effec	tive date, b	ut not an ef	Tective tin	ie, at 12:01	a.m. on the	earlier of: (b) The 90th	day after the
Dated	1ay 27		1		2					
			Signatur	e of a memb	er or author	a≱êd represer	itative of a m	ember		

Filing Fee: \$25.00