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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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F. WHITE

COVER LETTER

Division of C			
SUBJECT:			
SOBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing	
	pondence concerning this matter		
rieuse return an corres	pandence concerning this matter	to the following.	
	ADRIAN MIDDLETON.	ESQ	
		Name of Person	
	MIDDLETON & MIDDL	ETON, P.A.	
		Firm/Company	·····
	1437 MARKET ST		
		Address	
	TALLAHASSEE, FL 323	12	
		City/State and Zip Code	
	miami305fle@gmail.com	to be used for future annual report notif	(ication)
For further information	concerning this matter, please c	·	
ADRIAN MIDDLETO	ON, ESQ	321 317-8107	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Adda Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI 305 LLC	2020 CT 1 C PM	1: 19
	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 120000106512	were filed on 04/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Flori	da
New Registered Agent's Signature, if changing Registered Agent	•	Zıp Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I furth performance of my duties, and i provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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
Р	CRUZ, JULIO	12260 SW 47TH ST.	= Add
		MIAMI, FL 33175	□Remove
			□Add
			□Remove
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fan offective date is Sote: If the date	fother than the dat listed, the date must be inserted in this block ive date on the Depar	specific and cannot be does not meet the	be prior to date of filing applicable statutors	g or more than 00 dags	optional) after filing.) Pursuant to 60 , this date will not be lis	05.0207 (sted as t
	a delayed effective da	te, but not an effec	ctive time, at 12:01	a.m. on the earlier of	f: (b) The 90th day aft	er the
record specifies : I is filed.						
record specifies of the filed. JULY stated	8TH		·			
i is ilied.	8TH	. 2020	 -			
i is ilied.			or authorized represen	tative of a member		

Filing Fee: \$25.00