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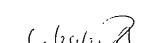
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## COVER LETTER

TO:				••
				. 😙
SUBJEC	T:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Gilberto De Armas		
			Name of Person	<del></del>
	Registration Section Division of Corporations  5401 Investment, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and feets) are submitted for filing.  sereturn all correspondence concerning this matter to the following:  Gilberto De Armas  Name of Person  5401 Investment, LLC  Firm/Company  4735 S.W. 74th Avenue  Address  Miami, FL 33155  City/State and Zip Code  gilbert@rrec.us  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  et Ollervides  Taxa Code  Area Code  Mailing Fee  S30.00 Filing Fee Scrifficate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			
			Firm/Company	
		4735 S.W. 74th Avenue		
Division of Corporations  5401 Investment, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Gitberto De Armas  Name of Person  5401 Investment, LLC  Firm/Company  4735 S.W. 74th Avenue  Address  Miami, Fl. 33155  City/State and Zip Code gitbert@rrec.us  E-mail address: tto be used for future annual report notification  For further information concerning this matter, please call:  Janet Ollervides  Name of Person  The Certificate of Status  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallah  Street Address:  Registration Section Division of Corporations The Centre of Tallah	· · · · · · · · · · · · · · · · · · ·			
		Miami, Fl. 33155		
		<del>" " " " " " " " " " " " " " " " " " " </del>	City/State and Zip Code	<del></del>
Division of Corporations  SUBJECT:    Subject   Subject				
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information o	oncerning this matter, please c	all:	
Janet Ol	lervides		305 229-9797	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Filing Fee		Certified Copy	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				ection
	Division of C	Corporations	Division of Co	rporations

ز پ

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5401 Investment, LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lial	as it now appears on our rollity Company)	ecords.)	
The Articles of Organization for this Limited 1 Florida document number L20000130012	Liability Company w	ere filed on <u>05-13-2020</u>	:	ınd assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabilit	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
	-			
B. If amending the registered agent and/or	registered office add	dress on our records, <u>e</u>	nter the name of I	he new register
agent and/or the new registered office addre	ess nere:			* 1 * 1
Name of New Registered Agent:	Gilberto De Arma	S		2
New Registered Office Address:	8454 S.W. 76th Terrace		1 - <u></u>	
	Enter Florida street address		uldress	5
	Miami		_, Florida <u>33143</u>	
		City	Z.i,	o Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete pe gistered agent as pro	erformance of my dution ovided for in Chapter (	es, and I am famil 605, F.S. Or, if the	iar with and is document is

company has been notified in writing of this change.

f Changing Registered Agentiate 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

Title	Name	Address	Type of Action
М	Alberto P. Suarez	4735 S.W. 74th Avenue	□Add
		Miami, Fl. 33155	■Remove
			☐Change
<u>M</u>	Alina Lobaina	8454 S.W. 76th Terrace	bbA≣
		Miami, Fl. 33143	□ Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Change
			□Remove
			□Change

		<del></del>
	<del></del>	
Effective da	ate, if other than the date of filing:	S 6415 M21
Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed
document s e	effective date on the Department of State's records.	
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rd is filed.	thes a delayed effective date, but not an effective time, at 12.01 a.m. on the earner of. (b) The 90m day	allei lii
Dated May:	5 · · · · · · · · · · · · · · · · · · ·	
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_	Signature of a nember statistical a member	_

Filing Fee: \$25.00