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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 5D, LLC
SUBJECT: 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:
the second secon
Valeria Andrade Name of Person
5D, LLC Firm/Company
953 SW 10th Street #16
Miami, FL 33130 City/State and Zip Code Vandrade 07 @ yah 00.com E-mail address: (to be used for future annual report notification)
Vandrad(07(2) yah 00.com
For further information concerning this matter, please call:
Valeria Andracia at (786) 389-9952 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5D, LLC 28.30 5D, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears or nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000152112</u>	pany were filed on June 4	. 2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRES	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	rds, <u>enter the name (</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my n as provided for in Cha	: duties, and I am fan apter 605, F.S. Or, if	niliar with and this document i.

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Cristina S. Morales	720 Collins Ave #406	■Add
		Miami Beach. FL 33139	Remove
			Change
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			□Change
			Remove
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Effective date, if other than (the date of filing:	une 2, 2020		(optional)	
Effective date, if other than the fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet	the applicable stat	filing or more than 90 utory filing require	0 days after filing.) Purs ments, this date will i	uant to 605.02 not be listed
	ctive date, but not an	effective time, at 17	2:01 a.m. on the ear	rlier of: (b) The 90t	h day after tl
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e record specifies a delayed effected is filed. Dated		020			
rd is filed.	²				
rd is filed.	²		presentative of a mem	ber	

Filing Fee: \$25.00