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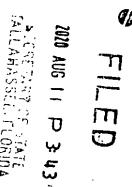
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LC NC 10/20/20

COVER LETTER

19121 NE 1 SUBJECT:	191 ST LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Arik Azulay		
	-	Name of Person	
	Azulay Investments LLC		
		Name of Person nivestments LLC Firm/Company 185 ST Address FL 33179 Cnty/State and Zip Code y3000@yahoo.com E-mail address: (to be used for future annual report notification) ais matter, please call: at (\frac{754}{\text{Area Code}}) \frac{217-3084}{\text{Daytime Telephone Number}} amount: 0 Filing Fee &	
	600 NE 185 ST		
		Address	Daytime Telephone Number 217-3084 Daytime Telephone Number 268. Certificate of Status &
	MIAMI, FL 33179		
		City/State and Zip Code	
	arikazulay3000@yahoo.con		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Justin Zeig			
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
Mailing Addres	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(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 Liability Company were filed on 7/16/2020 and assigned Florida document number L20000207213 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 19121 NE 25 AVE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:

19121 NE 191 ST LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability 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
			□Add
			□Remove
		-	□ Change
	-		□Add
			□Remove
			Change
			Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	t be specific and ock does not m	cannot be prior t neet the applica	o date of filing or ble statutory fil	more than 90 da	(optional) ys after filing.) hts. this date w	Pursuant to 605,020 ill not be listed a
record specifies a delayed effectiv Lis filed.	e date, but not	an effective tir	ne, at 12:01 a.m	i, on the earlie	r of: (b) The	90th day after the
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Filing Fee: \$25.00