## L20000303757

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## **COVER LETTER**

TO:	Registration So Division of Co			; ·
SUBJE		H AVENUE LLC		
SUBJE	C1:	Name of Lin	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ROBERT E. BOUTWELL		
			Name of Person	<del> </del>
		ROBERT E. BOUTWELL	., P.A.	
			Name of Person  P.A.  Firm/Company  BLVD.  Address  City/State and Zip Code  (to be used for future annual report notification)	
		411 EAST HILLSBORO I	BLVD.	
			Address	
		DEERFIELD BEACH, FL	. 33441	
			City/State and Zip Code	
		rboutwell.law@gmail.com		
For furth	ner information o	e-mail address: (		ication)
ROBER	T E. BOUTWEI	L		
	Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ <b>\$</b> 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			tion
	Division of C	orporations	Division of Corp	oorations
	P.O. Box 632 Tallahassee, I			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

650 NE 9TH AVENUE LLC	Company as it now appears on	our records.)	
(A Florida L	Company as it now appears on imited Liability Company)	XXI. 13341 321/	
The Articles of Organization for this Limited Liability Co.	mpany were filed on SEPTE	MBER 25, 2020	_ and assigned
Florida document number L20000303757	<u>.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
114 W OCEAN AVE LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		2
		C	23
		- A	Ž II
Enter new mailing address, if applicable:		### ###	L 27
(Mailing address MAY BE A POST OFFICE BOX)		SE SE	3 m
		<u> </u>	<u> </u>
	<del></del>	THE STATE OF THE S	7
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name o</u>	f the new regi
Name of New Registered Agent:			
New Registered Office Address:			
<u>-</u>	Enter Florida si	reet address	
		Florida	
	Ciņ	· · · · · · · · · · · · · · · · · · ·	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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
		<del>.</del>	□Change
			□Add
			□ Remove
			□Change
	<del></del>		□Add
			□ Remove
			Change
<del></del>			□Add
			Remove
			□ Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if neces	isary.)
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	ust be specific and cannot be prior to date of filing or more than 90 days after fiplock does not meet the applicable statutory filing requirements, this continues the statutory filing requirements.	ling.) Pursuant to 605.0207 (
e record specifies a delayed effecti rd is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	2023	
	1615	
	Signature of a member or authorized representative of a member	
ROBERT E. BOUZWI	/ ELL	
	Typed or printed name of signee	