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COVER LETTER

	gistration Section Fision of Corporations	
SUBJECT:	805 NE	1 AVE LLC
		mited Liability Company
The enclose	d Articles of Amendment and fee(s) are su	abmitted for filing.
Please return	rall correspondence concerning this matte	er to the following:
	Ari	Name of Person
	805 N	E 1 AUL 11C
	$-(\infty)$	NE 135 ST
	_ Miami	FU 33179
	Billing @ inv	City/State and Zip Code Out What Indicates really. Com (to be used for future annual report notification)
For further i	nformation concerning this matter, please	call:
No	Qu Alon Name of Person	at ($\frac{754}{\text{Area Code}}$) $\frac{209-3758}{\text{Daytime Telephone Number}}$
Enclosed is	a check for the following amount:	
□ \$25.00 °	Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	úling Address:	Street Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

805 NE/AVE UC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed onand assigned
This amendment is submitted to amend the following:	·
A. If amending name, <u>enter the new name of the limi</u> るのち SE オイ	ited liability company here: A Ve LLC ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	29
	<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 agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
Number of Oct of Alleren	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

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
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Effective	e date, if other tha	an the date o	f filing:				(optional)		
<u>Note:</u> If	e date, if other that tive date is listed, the d the date inserted in it's effective date on	this block doe.	s not meet	the applicab	le statutory fil	ing requireme	ints, this date) Pursuant to 605.0 will not be listed)207 d as
e record s rd is tiled	specifies a delayed e d.	:ffective date, b	out not an o	effective time	2, at 12:01 a.n	n, on the earli	er of: (b) - Th	e 90th day after	the
Dated	12/2	1	· a	202D		a		/	
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		Signatua	re of a them	ber or authori	red representati	ve of a membe	<u> </u>		

Filing Fee: \$25.00