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COVER LETTER

	tion Section of Corporations				
SUBJECT: 218	PARK PARTNERS LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	orrespondence concerning this matter	r to the following:			
	JOEL EIDELSTEIN				
		Name of Person			
		Firm/Company			
	3323 NE 163 ST STE 70-	4			
	 	Address			
	NORTH MIAMI BEACH	NORTH MIAMI BEACH, FL 33160			
	EIDCHI@GMAIL.COM	City/State and Zip Code			
	E-mail address:	(to be used for future annual report not	rification)		
For further inform	ation concerning this matter, please	call:			
JOEL EIDELSTE	EIN	786 942-6105 at ()			
	Name of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a chec	k for the following amount:				
■ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing</u> Registra	Address: ation Section	<u>Street Address:</u> Registration So	ection		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

218 PARK PARTNERS LLC		
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number 1.20000376400	Company were filed on 12/01/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28/1 O
		SSSAH CL 23
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	la 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
MGR	RICARDO HALFEN	3323 NE 163 ST STE 704 NORTH MIAM BEACH	l. FL 33/60 ■Add
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Effective date, if other than the	date of filing:t be specific and cannot be prior to date	g of tiling or more than 90 days after	nal) iling y Pussiant to 605 0207
fan effective date is listed, the date mus	ock does not meet the applicable s		
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Note: If the date inserted in this bl	epartment of State 3 records.		
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Note: If the date inserted in this bl document's effective date on the Di e record specifies a delayed effective rd is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the

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