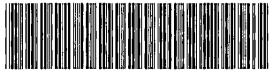
LZI 0000 36688

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
5/17/21
Office Use Only



700360505767

02/22/21--01008--008 **35.00

FILED

2021 HAY 17 PHII: 55

SECRETARY OF STATE TALL AHASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AND ASSEE, FLORIDA

WHITE TALL AND A CONTROL OF STATE TALL AN

RECEIVED

2021 HAY 17 AM 8: 24

ojo Malia eku: 1971

April 23, 2021

CALVIN AZADI 78 SW 7TH ST SUITE 500 MIAMI BEACH, FL 33130

SUBJECT: 52 NE 47TH STREET LLC

Ref. Number: L21000036688

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 021A00008491

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 50 NE 47th Styres	et LLC ted Liability Company	
Calvin_K	Area Code Daytime Telephone Number seed is a check for the following amount: 25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status Mailing Address: Street Address:	
		S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
78 SW 7+4 St	ret, Suite 500 Address	
Miami, Flo Calvin a a: E-mail address: (t	TIDE 33130 City/State and Zip Code 2 Ad i law - Com to be used for future annual report n	outication)
For further information concerning this matter, please ca	ill:	
(alvin Azadi Name of Person	at (<u>306</u>) 9300 Area Code Days	time Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of C The Centre o	Section Corporations of Tallahassee Proc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

52 NE 47th Street	LLC	
52 NE 47th Street (Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{21-36688}{}$.	any were filed on	2-03-2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	- INS
		P L SEGRETAR SEGRETAR
Enter new mailing address, if applicable:		- m
(Mailing address MAY BE A POST OFFICE BOX)		HII: 55
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	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 amending Authorized Person(s) authorized to manage, enter the fitle, 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
AMBR	Munarov, Yuriy		□Add
		52 NE 47th St. Miami, FL 33	1321 Remove
			□Change
AMBR	Mizani, Shamseddin		🗆 Add
		52 NE 47 - St. Miami, FL 331	32 Remove
			□Change
AMBR	Bahmanpour, Mahan		□ Add
		52 NE 47 - St. Miami, FL 3313	Nemove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

							 _		-	_	
					_		<u></u>	- -			
	 .						<u> </u>				
-				 					_		
								<u>.</u>	_	<u></u>	
			<u>-</u>								
									,		
		<u> </u>									
			_								
	_										
		-									
_								 -	<u>.</u>		
											-
				<u> </u>			_		· · · · · ·	<u> </u>	
		<u> </u>		<u>_</u>			-				
an effectore: I	re date, if ctive date is If the date int's effecti	listed, the danserted in	ate must be this block	specific an does not	d cannot b meet the	e prior to di applicable	ne of filing statutory	or more than filing requi	(option 90 days after rements, this	nal) filing.) Pursuant date will not b	to 605.0207 be listed as
record l is file	specifies a	ı delayed e	ffective da	ate, but no	it an effec	ctive time,	at 12:01 c	i.m. on the	earlier of: (b) The 90th day	y after the
ated _	May	1	<u>-</u>		20	021	> 				
				The same of the sa		-)					
			Sig	naturetofa	member	ar authorize	d represen	lative of a me	ember		