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SECRETARY OF STATE

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DEC 14 2021

COVER LETTER

TO:

Registration Section

Division of C	orporations	1						
	TH STREET LLC	•						
SUBJECT:	Name of Lim	ited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.						
Please return all corres	pondence concerning this matter	to the following:						
	ARTHUR MUNAROV							
		Name of Person						
	52 NE 47TH STREET LL	С						
		Firm/Company						
	52 NE 47TH ST							
Address								
	MIAMI, FL 33137							
City/State and Zip Code								
	CALVIN@AZADILAW.C							
	E-mail address: (to be used for future annual report no	tification)					
For further information	concerning this matter, please c	all:						
CALVIN AZADI		786 5901529						
Name	of Person		ne Telephone Number					
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Adda Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 NOV 29 AM 7:51

52 NE 47TH STREET LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears of div records.) OF STATE

(A Florida Limited Liability Company) TALLAHASSEE THE

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The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/03/2}{}$	021	and assigned
Florida document number L21000036688			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<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 office a	ddress on our recor	ds. enter the nam	ne of the new registe
agent and/or the new registered office address here:		, <u></u>	
Name of New Registered Agent:			
New Registered Office Address:	1		
	Enter Florida si	reet address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p			

being filed to merely reflect a change in the registered 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Shamseddin Mizani	52 NE 47TH ST	
		MIAMI, FL 33137	
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			□Add
			□Remove
		<u> </u>	□Add
			Remove
			□ Change
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is file	ed.	-	ffective date, bu				1) The 90th	day after the
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