L210000 71898

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COVER LETTER

TO:	Registration Sec Division of Corp				
0.110.101		AWYER MIAMI LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Lonny Bramzon			
			Name of Person		
			Firm/Company		<u></u>
		110 WASHINGTON AVE	E #2322		
			Address		
		Miami Beach, FL 33139			
			City/State and Zip Code		
		E-mail nddress: (to be used for future annual	report notification)	
For furth	her information co	oncerning this matter, please ca	all:		
Lonny	Bramzon Name of	* Oberon	at (_646)	270-4174 Daytime Telepho	ne Number
	(vame o)	retson .	Alea Code	Daytille Telepho	ne minaei
Enclosed	d is a check for th	e following amount:			
≅ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

STREET LAWYER MIAMI LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000071898</u>	ompany were filed on 2/11/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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	ESS)
:	
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:	office address on our records, enter the name of the new registered
:	
Name of New Registered Agent:	
New Registered Office Address:	r. cl. d
	Enter Florida street address
; 	, Florida
New Registered Agent's Signature, if changing Registered	•
I hereby accept the appointment as registered agent a 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 amplete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document is d 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
MGR	DAVID POLLACK	110 WASHINGTON AVE #2322	🗃 Add
		Miami Beach, FL 33139	□Remove
			□Change
			□Add
			Remove
			□Change
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			□Change U

	n, enter change(s) here: (Attach additional sh	
	N. I. W.	
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: If the date inserted in this block ment's effective date on the Dep	ate but not an effective time at 12:01 a.m. on the	irements, this date will not be listed as the
March 5	2021	
Qui.	Paum	2021 APR
Si	gnature of member or authorized representative of a me	ember 3
Lonny Bramzon		0-
	Typed or printed name of signee	5 2

Filing Fee: \$25.00