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## **COVER LETTER**

	gistration Sequision of Corp						
UBJECT:		treet Property LLC					
OBJECT.		Name of Limi	ted Liability Company	<del></del>			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	_				
		Mary S. McDonald					
			Name of Person	<del> </del>			
		1600 51st Street Property L	LC				
			Firm/Company				
		Address					
		Fort Lauderdale, Fla. 33334					
		City/State and Zip Code					
		mcdonaldms@hotmail.com		· · · · · · · · · · · · · · · · · · ·			
For further	information co	e-mail address: (i	to be used for future annual report notifi	cation)			
Mary S.Mc	Doanld		954 398-3094				
	Name of	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne 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 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

1600 51st Street Property LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb. 7, 2021 and assigned Florida document number 86-2339034 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 Liability Company," the designation "LI.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Mary S. McDonald Name of New Registered Agent: 1580 NE 51st Street New Registered Office Address: Enter Florida street address \_\_\_\_, Florida 33334 Zip Code Fort Lauderdale

## 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.

f Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	Type of Action
MGR	Mary S. McDonald	1580 NE 51st Street Fort lauderdale. Fla. 33334	□Add
		<del> </del>	□Remove
			■Change
AMBR	David S. Delano	1906 SW 16th Street Fort Lauderdale, Fla. 33312	□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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ctive date, if other than t effective date is listed, the date t	he date of filing:	(optional) more than 90 days after filing.) Pursuant to 605,0207
e: If the date inserted in this	block does not meet the applicable statutory fil Department of State's records.	ing requirements, this date will not be listed as
cord specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
filed.		
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Cur.	Signature of a member or authorized representations  Signature of a member or authorized representations  Typed or printed name of signee	2
- ا	2 Signature of a mount of a must be much as a mu	(A)
$\cap$	signature of a member of authorized representati	ve of a member PX 2: 2

Filing Fee: \$25.00