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(Re	equestor's Name)	
(Ad	idress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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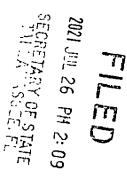


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COVER LETTER

TO: Registration Division of C			
SUBJECT:	1761	H Bruce, LLC	<u> </u>
	Name of Limite	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	itted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	Sev	rerino Rodri	gues
	176	41 Bruce LL	_C
	618	0 NW 63	Way YER T
	Parl	Address Cland FL 33 City/State and Zip Code Verino 1970 a be used for future annual report notifie	3067 26 PE
	E-mail address: (to	Verino 1970 © be used for future annual report notifie	gmailison C
For further information	concerning this matter, please call	l:	
Severi	no Rodrigues of Person	at (954) 647 Area Code Daytime	-3846 Telephone Number
Enclosed is a check for			
\$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 Addr Registration		Street Address: Registration Secti	ion
Division of	Corporations	Division of Corpo	orations
P.O. Box 63 Tallahassee.	= '	The Centre of Tal 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1764	,	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L210008225</u> 9	y were filed on Feb 18, 2	o21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
1897 Del	Prado Blvd, LI	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 / -
Principal office address MUST BE A STREET ADDRESS)	: 	
	:	N Paris
Enter new mailing address, if applicable:	; ; 	Y OF S
Mailing address MAY BE A POST OFFICE BOX)		FAT 09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		SECRETARY OF STATE	Add
		OF STATE	Remove . Change
			□Add
			□Remove
			□Change
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	·		□Add

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ective date if	other than the da	te of filing:				(op	ional)	_	
reffective date is l te: If the date in	isted, the date must be iserted in this block we date on the Depai	specific and o does not me	annot be prior the the application	o date of filin ble statutor	g or more tha	n 90 days af	er filing.) P	ursuant t II not b	o 605.020 e listed a
cord specifies a s filed.	delayed effective da	ate, but not a	n effective tir	ne, at 12:01	a.m. on the	earlier of:	(b) The S	90th day	after the
	July	21	2021	-· /	7				
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ed	,	nature of a me	Security of author	vlu	dug	nen			_