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(Re	equestor's Name)	,
(Ac	idress)	
(Ac	ddress)	-
(Ci	ty/State/Zip/Phone	e #)
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2022 MAY -2 FH 6: 48

JUN 2 2 2022 S. PRATHER

COVER LETTER

	Registration S Division of Co			
SIDIEC	137 Golde	en Isles LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The ench	ised Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corresp	pondence concerning this matter	to the following:	
		Juan C Ramirez		
			Name of Person	
		137 Golden Isles LLC		
		-	Firm/Company	
		515 E Las Olas Blvd Ste 1	20	
		· · · · · · · · · · · · · · · · · · ·	Address	
		FT Lauderdale, FL 33301		
			City/State and Zip Code	
		jernet@gmail.com		
			to be used for future annual repo	ort notification)
For furthe	er information	concerning this matter, please e	all:	
Juan C R	amirez		312 918-15	562
	Name	of Person	Area Code I	Daytime Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>:</u>	Mailing Addro	ess:	Street Addr	<u>ess:</u>

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

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**

137 GOLDEN ISLES LLC		ANA
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	- 2 E
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000098966		Y-2 PH 6: 48 ASSEE, FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
3222 NORTHEAST 16TH LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	sbreviation "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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	Zip Coae

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
		 	
			□Add
			□Remove
			☐ Change
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		· · · · · · · · · · · · · · · · · · ·	□Change
			🗆 Add
			Remove
		.	□Change
			□Add
			□ Change
			□Add
			□Remove
			ClChange

ir atticuting any o	mer mormation, en	ter change(s) here.	: (Attach additional shee	ns, y necessary.)	
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Effective date, if of If an effective date is lis Note: If the date ins document's effective	her than the date of ted, the date must be specifierted in this block does date on the Departmen	filing: fic and cannot be prior to not meet the applica nt of State's records.	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursus ments, this date will no	ant to 605.0207 (3)got be listed as the
ne record specifies a doord is filed.	elayed effective date, bu	ut not an effective tin	ble statutory filing required to the earth of the earth o	rlier of: (b) The 90th	day after the
Dated	-	2022			HAY -2
	Signature	e of a member or author	rized representative of a mem	her	2 PM 6: 40 SEE, FLORIDA
	\mathcal{N}		•		95 0
11.1.1.1.	RAMIREZ				~~ ~

Filing Fee: \$25.00