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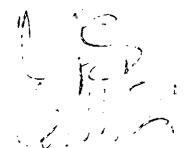
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 2675 NW 87TH AVE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alejandro Ambrugna Name of Person Firm/Company 470 Ansin Blvd Suite 470A Address Hallandale Beach, Fl., 33009 City/State and Zip Code a.garcia@modenaintergroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 797-0278 Alejandro Garcia Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2675 NW 87TH AVE LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number 1.21000133799	ompany were filed on March	22nd, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
2675 NW 87TH ST LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desig	nation "LLC" or the ab	breviation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	PESS)		
			20
			A
Enter new mailing address, if applicable:			PR TT
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	65	0
Withing address MAT BE AT OST OFFICE BOXY		570	2 111
		22	is O
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nam</u>	e 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	l Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conscipt the obligations of my position as registered agent the interest of the proper and contains a state of the interest of the proper and company has been notified in writing of this change.	omplete performance of my gent as provided for in Cha	duties, and I am J pter 605, F.S. Or,	familiar with and if this document is

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
<u></u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			DC 22 □Change
			30 Dådd 30 PH 20 □ Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			\ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or horized representative of a member Alejandro Garcia

Typed or printed name of signee