## L21000188001

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
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(00	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## **COVER LETTER**

TO: Registration S Division of Co			
VICE 305	LLC		•
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Stephen Guerrero		
		Name of Person	<del> </del>
	Guerrero Law Group		
		Firm/Company	<u> </u>
	240 SW 8th Ave		
		Address	<del></del>
	Miami, FL 33130		
		City/State and Zip Code	
	sguerrero@theguerrerolaw.		<del> </del>
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)
	toncerning this matter, prease e		
Stephen Guerrero		954 483-0017 at ()	ne Telephone Number
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 631			
Registration Division of C	<u>ss:</u> Section Corporations 27	(additional copy is enclosed)  Street Address: Registration So Division of Co The Centre of	Certified Copy (additional copy is enck ection rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICE 305 LLC				
(Name of the Limited I	Liability Compa Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liabi Torida document number 1.21000188001	lity Company 	were filed on 04/22/2021	and assigned	
his amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
he new name must be distinguishable and contain the words	s "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "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)		6540 Collins Ave		
		Miami Beach, FL		
		33141		
		16 SW 8th ST		
		Miami, FL		
		33130		
3. If amending the registered agent and/or registered agent and/or the new registered office address h  Name of New Registered Agent:			of the new regis	
New Registered Office Address:	240 SW 8th Av	'e	· -,	
	Miami	Enter Florida street address	 	
<u>.</u>	· i i call li	City Florida 331	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>	<u>Name</u>	Address	Type of Action
p 	ASCANIO, OSCAR A	601 NE 36 ST #3108, Miami FL 33137	□Add
			■Remove
			□Change
T	ASCANIO. OSCAR A, SR.	601 NE 36 ST #710, MIAMI, FL 33137	□Add
			■Remove
MGR	Ascanio Holdings LLC	16 SW 8TH ST. MIAMI, FL 33130	■Add
			□Remove
			Change
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	date of filing:		(optiona	D
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