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(Re	equestor's Name)
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(Bu	ısiness Entity Na	me)
	ocument Number	<u>, </u>
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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21 AUG -2 PH 1:31

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	1092 W 1	15TH ST LLC mited Liability Company	
The enclosed Articles of A	omendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
	Carla	Martine? Name of Person	
	Jade	INTERNATIONAL I	zealty_
	2000 F	Pone de 160n B1	VD
	Coral	Mables PL 33	134
		(to be used for future annual report notif	
For further information con	ncerning this matter, please	call:	
COY 10 MO		at (<u>780</u>) <u>999-</u> Area Code Daytime	9092 Telephone Number
Enclosed is a check for the	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)
Mailing Address:	<u>i</u>	Street Address:	rtion

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 ARTICLES OF ORGANIZATION PH 1: 31 OF 21 AUG -2 PH 1: 31

1092 N	JW 115T	t ST L	-LC
(Name of the Lim	ited Liability Company as		n our records.)
	(A Florida Limited Liabili	ty Company)	

The Articles of Organization for this Limited Liability Company Florida document number <u>L21 000 221 200</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		<i> </i> ^
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		/ K
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	~/	κ
(Mailing address MAY BE A POST OFFICE BOX)		
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:	NA	
New Registered Office Address:	Enter Florida stree	address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added manual transfer of or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	OLYMPIAN Homes W	720 m 7 me	□Add
		MIAMI GOVDENS, FL 33160	1 [XRemove
			□Change
			□Add
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>ote:</u>	re date, if other than the date of filing:
recore Lis file	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 d.
ated_	JULY 22 2021

Filing Fee: \$25.00