L21000244790

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
2250 NE 8	STREET, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL SHEALY		
		Name of Person	
	2250 NE 8 STREET, LLC		
		Firm/Company	
	8600 NW 41ST STREET		
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	MLEYVA@LEONPM.CO E-mail address: (M to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	·	•
MICHAEL SHEALY		954 918-2053	
Name of Person		at () Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E H. ED

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2250 NE 8 STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Lia Florida document number L21000244790	bility Company	were filed on 05/25/2021	and assigned			
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ble:	8600 NW 41ST STREET				
(Principal office address MUST BE A STREET		DORAL, FL 33166				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	8600 NW 41ST STREET DORAL, FL 33166 address on our records, 6				
Name of New Registered Agent:						
New Registered Office Address:	8600 NW 41ST STREET					
Same Resistand Arent but		Enter Florida street o	nddress			
shows the address on	DORAL		_, Florida <u>33166</u>			
Same Registered Agent, but change the address on Surbit.	naistored Agents	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 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
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			□Remove
			□Change
			□Add
			Remove
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Dated	LY 21				2022							
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Daico		1 Ahr	Le.									
		1 Ahu	Signature	of a me	mber or a	uthorized	representa	tive of a m	ember			_

Filing Fee: \$25.00