L21000260812

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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co				
SUBJEC		E 405 & 406 LLC			
SUBJEC	-1•	Name of Lin	nited Liability Company	<u>-</u>	_
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing,		
Please re	turn all corresp	ondence concerning this matter	to the following:		
			Name of Person		_
		DALIED CUMERDRES 6			
		BAUER GUTIERREZ &	Firm/Company		
		814 PONCE DE LEON B			
			Address		
		CORAL GABLES, FL 33	134		- •
			City/State and Zip Code		—————————————————————————————————————
		David@bgblawgroup.com	to be used for future annual		
For furthe	er information o	concerning this matter, please c		report notification)	SECRETATION SEED TO SECRETATION OF TALL AND SECRETATION OF THE PROPERTY OF THE
David Ba	nuer		305 340	0-5959	
	Name o	of Person	Area Code	Daytime Telephone Num	ber ω
Enclosed	is a check for t	he following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Certifi Blosed) Certifi	Filing Fee. cate of Status & ed Copy nal copy is enclosed)
_	Mailing Addre		Street Ac Registr	ddress: ation Section	
I	Division of C	Corporations	Divisio	n of Corporations	
J	P.O. Box 632	41	The Cer	ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

814 SUITE 405 & 406 LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. inted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on June 4, 2021	and assigned
Florida document number L21000260812		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		三百萬 蜀。三
		第 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		11. (1)
	-	1.:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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
MGR	312 Strength Corp	814 PONCE DE LEON BLVD STE 219	□Add
		CORAL GABLES, FL 33134	≅ Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date meters. If the date inserted in this becoment's effective date on the	ist be specific and block does not m	cannot be prior to cet the applica	date of filing or	more than 90 days	optional) after filing.) Pu s, this date will	rsuant to 605.02 I not be listed
record specifies a delayed effecti l is filed.	ve date, but not a	an effective tin	ne, at 12:01 a.m	. on the earlier o	of: (b) The 90	Ith day after th
April 19		2023				
ated	,					

Filing Fee: \$25.00

Typed or printed name of signee