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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: 2301 Collins Avenue Unt 435 LLC Name of Limited Liability Company
The analogist Assistance of Assistance and Covin and Soviet and Coving States and Co
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamie Wines Name of Person
Firm/Company
· ,
115-13 Jamaica Avenue
Address
Richmond Hill NY 11418 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Name of Ferson Area Code Daytine Ferephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status \$\Bigcup \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

h ( a 1 ) 1 435 11 (

(Nome of the Limite	d Liability Company as it now appears on our records.)	<u>-</u>
(Name of the Limite	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 06 28 2021	and assigned
Florida document number L21000294	<u> 21φ</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
•		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		<del>11 2</del> <del>2</del> <del></del>
	gistered office address on our records, <u>enter the na</u>	- N
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> chere:	· Table 1 · Ta
agent and of the new registered office address	<del>y nere</del> .	100 E
N (N D : 14		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		음을 함
	Enter Florida street address	
	City	Zip Code

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

コスハレ

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

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	Signature of a member or aut	forized representative of a mem	ber	

Typed or printed name of signee