121000309390

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only S.C.



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07/16/21--01012--029 **25.00



COVER LETTER

TO: Registration S Division of Co				
6BLOCK	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
		ta i e i ett.		
	f Amendment and fee(s) are sub	-		
Please return all corresp	oondence concerning this matter	to the following:		
	JAMES BAKER			
		Name of Person		
	MATA & BAKER TAX (CONSULTANTS		
		Firm/Company	<u> </u>	
	80 SW 8TH ST STE 3303			
		Address		
	MIAMI, FL 33130			
	SUPPORT@MBTAXCON	City/State and Zip Code		
	-	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
JAMES BAKER		888 250-8960 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
			35	QB
Enclosed is a check for				٠.
■ \$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)	-
			A ::	
Mailing Addre Registration	Section	Street Address: Registration Sec	Ction 2	
P.O. Box 63 Tallahassee.		Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6BLOCK LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on JULY 06, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	?)	
		Q'
B. If amending the registered agent and/or registered	office address on our records, enter the nar	me of the new registe
gent and/or the new registered office address here:		
		-
Name of New Registered Agent:		
V D : 1007 A 11		
New Registered Office Address:	Enter Florida street address	
	·	17
		Zin Code
New Registered Office Address:	Enter Florida street address, Florida	No 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>	<u>Address</u>	Type of Action
AMBR	MIGUEL A. PALENCIA COSSIO	80 SW 8TH ST 3303	□Add
		MIAMI, FL 33130	□Remove
			€Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			-□Change
			Remove
			□Change
			□Add
			Remove
			Change
			🗖 Add
			□Remove
			Change

IT IS PALENCIA COS	SIO.		
		<u> </u>	
		<i>;</i>)	
		<u>: : : : : : : : : : : : : : : : : : : </u>	
		:	
		>	
			<i></i>
effective date is listed, the dat e: If the date inserted in the	n the date of filing: e must be specific and cannot be prior to date of fil nis block does not meet the applicable statute the Department of State's records.	ing or more than 90 days after tiling.) Pursuant to	o 605.02 e listed
cord specifies a delayed eff filed.	Tective date, but not an effective time, at 12:0	I a.m. on the earlier of: (h) The 90th day	after th
d JULY. 08	Signature of a member or authorized repres		

Filing Fee: \$25.00