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(Requestor's Name)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	VENUE. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Evelyn Vivo		
	 	Name of Person	
	NW 36 Avenue, LLC		
	<u> </u>	Firm/Company	
	7545 West 24th Avenue, S	Suite 100	
		Name of Person Firm/Company , Suite 100 Address City/State and Zip Code S: (to be used for future annual report notification)	
	Hialeah, FL 33016		
		City/State and Zip Code	
	evivo@vivogroup.net	to be used for future annual report no	otification)
For further information	concerning this matter, please c		,
Evelyn Vivo			
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		Street Address:	action
Registration Division of 0		Registration S Division of Co	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2021 SEP 17 AM 12: 55

NW 36 AVENUE, LLC

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

	A Florida Limited Liability Company)	TEMMASSEE, PINE
The Articles of Organization for this Limited Liab	bility Company were filed on July 22, 2021	
Florida document number L21000334225	_ .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C,"
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg	gistered office address on our records, enter the	
Mailing address MAY BE A POST OFFICE Be	gistered office address on our records, enter the	
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the	
Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, enter the here: Enter Florida street address	

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>	Name	Address	Type of Action
MGR	Rene Vivo	7545 West 24th Avenue, #100. Hialcah, FL 33016	= Add
			□Remove
			🗆 Change
MGR	Evelyn Vivo	7545 West 24th Avenue, #100, Hialeah, FL 33016	
			□Remove
			□Change
			🗆 Add
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ective date, if other than the effective date is listed, the date mu e: If the date inserted in this bument's effective date on the D	lock does not meet t	the applicable :	e of filing or more statutory filing re	(option than 90 days after fi quirements, this o	tal) ling.) Pursuant to 60 late will not be lis)5.0207 sted as
ord specifies a delayed effective filed.	ve date, but not an e	ffective time, a	at 12:01 a.m. on t	he earlier of: (b)	The 90th day aft	er the
	70	21				
September 15	20					
ed September 15	. –	·				
ed September 15	Signature of a memb	·	representative of	member		

Filing Fee: \$25.00