## 200374350

(Requestor's Name)
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(A)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Cartified Capies Cartificates of Status
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DIVISION DE CONFIDATIONS TALLAHASSEE, FLORIDA

2022 JUN 20 PH 12: 30

CL 10/21/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 754855 7998853
AUTHORIZATION : Squelle le man
COST LIMIT : (\$ 25.00
ORDER DATE : June 17, 2022
ORDER TIME : 9:36 AM
ORDER NO. : 754855-005
CUSTOMER NO: 7998853
DOMESTIC AMENDMENT FILING
NAME: 3580 NW 52ND ST LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER'S INITIALS:

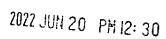
## **COVER LETTER**

TO: Registration S Division of Co			
	52nd St LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The englaced Articles of	f Amendment and fee(s) are sub	proitted for filing	
	ondence concerning this matter	-	
	Marc A. Benjamin		
		Name of Person	
	Benjamin, Gussin & Asso	ociates	
	<del></del>	Firm/Company	·
	801 Skokie Blvd., STE 10	00	
	·	Address	<del></del>
	Northbrook, IL 60062		
		City/State and Zip Code	
	kfrench@bgalawfirm.com		
For further information of	concerning this matter, please c	to be used for future annual report no all:	encation)
Marc A. Benjamin		847 861-6211	
Name o	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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)
Mailing Addres		Street Address: Registration Se	ection
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassec, 1		The Centre of 2415 N. Monro	l allahassee De Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3580 NW 52nd St LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number L21000374350	were filed on August 19, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	il <u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17555 Collins Avenue, #3901	
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles, FL 33160	
Enter new mailing address, if applicable:	17555 Collins Avenue, #3901	
(Mailing address MAY BE A POST OFFICE BOX)	Sunny Isles, FL 33160	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered
New Projectered Office Address		
New Registered Office Address:	Enter Florida street address	<del></del>
		rida
	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
Manager	Aaron Tiram	17555 Collins Avenue, #3901	□Add
		Sunny Isles, FL 33160	□Remove
			Change
	<del></del>		
		<del></del>	□Remove
			□Change
			DAdd
			□Remove
		<del></del>	□ Change
			□ Add
			□Remove
		<del></del>	Change
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u> I	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
e record rd is file	is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	June 17 2022
	siac Myacus
	Signature of a member or anthorized representative of a member  Marc A. Benjamin, Authorized Representative