## K21000387852

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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC	4801 Elyse	e Miami LLC	•				
SOBJEC	·	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
		Paul Palmer, Esq.					
		<del> </del>	Name of Person				
		Palmer, Palmer & Mangie	ro				
			Firm/Company	· -			
		12790 S. Dixie Highway					
			Address				
		Miami, FL 33156					
		* - * - * - * - * - * - * - * - * - * -	City/State and Zip Code				
		Paul@ppmpalaw.com				2	
For furthe	r information c	E-mail address: ( concerning this matter, please c	to be used for future annual report nouf all:	ication)	TALLARA	2021 SEP -3	
Paul Paln	ner, Esq.		305 378-0011		<u> </u>	င်္သ	
	Name o	of Person		: Telephone Number	, 11	群 无耳	
Enclosed	is a check for th	he following amount:			r	17	
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status		
,	Julius Eddess		Stroot Addrage				

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L21000387852</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		E S T
		S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		F -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street	address
		Florida
	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	Pablo Rodriguez	7381 SW 167 Street	■Add
		Palmetto Bay, Ft. 33157	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Remove ::EC: Defininge
			3   3   3   3   3   3   3   3   3   3
			☐ Change
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<b>202</b>
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~· <del>"</del> "
late, if other than the date of filing: (optional)  e 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 605.020