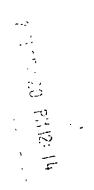


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/20/21--01032--005 **30.00



COVER LETTER

TO: Registration S Division of Co						
	135 Court, LLC	•	:			
SUBJECT: Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Maxy Lozano					
		Name of Person				
		Firm/Company				
	4620 SW 149TH CT	Риписопрану				
		Address				
	Miami, FL 33185					
	maxymiami@gmail.com	City/State and Zip Code				
	· - -	to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
Maxy Lozano		305 793.8831				
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Second Division of Cor	porations			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1095 SW 135 CT, LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on September 10, 2021	and assigned
Florida document number L21000402277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
		12
3. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the na</u> i	ne of the new regist
gent and/or the new registered office address nere.		80
Name of New Registered Agent:		P.H. 2:
New Registered Office Address:		2: -
	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 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 Diana Lozano	Diana Lozano	4600 SW 149 Ct.	= Add
		Miami, FL 33185	□Remove
			□Change
			
			□Remove
			□Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove

.*	
D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
<u> </u>	
Note: If the date	fother than the date of filing:
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Sept. 15	2021
	Signature of a member or authorized representative of a member
	MA xy Lozano Typed or printed name of signee
	Typed or printed name of signee

EU E 005.00