21000407697

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	PICK UP	: 4/20 GLINDA
□ xx	CERTIFIED COPY PHOTOCOPY	
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xx	FILING	LLC AMEND
1.	27WYNF&D LLC	
	(CORPORATE NAME AND DOCUMEN	IT #)
2.	(CORPORATE NAME AND DOCUMEN	TT#)
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SPECIA INSTRU	(CORPORATE NAME AND DOCUMENAL JCTIONS:	N1 #)

COVER LETTER

Tallahassee, FL 32314

	egistration Se ivision of Cor			
01101029	27WYNF&			
SUBJECT	`:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		AMIRA BENNAI		
			Name of Person	
		BR LAW GROUP LLC		
			Firm/Company	
		1395 BRICKELL AVENU	JE SUITE 800	
			Address	<u></u>
		MIAMI, FL 33131		
			City/State and Zip Code	
		amira@brlawgrp.com		
			to be used for future annual report not	(Heation)
For turther	information c	oncerning this matter, please c	att:	
AMIRA BENNAI			786 899 7638 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne 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)
_	Tailing Addres		Street Address: Registration Se	
	Division of C	•	Division of Co The Centre of	
	.O. Box 632 allahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2727 AFR 20 PH 2:4

27WYNF&D LLC

(Name of the Limit	(A Florida Limited	any as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Li Florida document number L21000407697	ability Company	were filed on	and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	295 NW 27th St. Miami, F	FL 33127		
(Principal office address MUST BE A STREE	T ADDRESS)		···		
		.			
Enter new mailing address, if applicable:		2700 N Miami Ave, Suite 1001, Miami, FL, 33127			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/or ragent and/or the new registered office address			iter the name of the new registered		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	1395 BRICEK	1395 BRICEKLL AVENUE SUITE 800 Enter Florida street address			
	MIAMI		Florida 33131		
		Cin	, Florida $\frac{33131}{Zip\ Code}$		
New Registered Agent's Signature, if changing I	Registered Agent	<u>:</u>			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the	er and complete stered agent as	e performance of my dutie, provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is		

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:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□Adđ
			Remove
			Change
			□Remove
			☐Change
			□Add
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Effective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department.	be specific ar ck does not	nd cannot be promeet the app	licable statu	iling or more d tory filing rec	nan 90 days afte	ional) er tiling.) Pursu is date will n	ant to 605.0207 (of be listed as t
record specifies a delayed effective his filed.	date, but no	ot an effectiv	e time, at 12	:01 a.m. on th	ne earlier of: (b) The 90th	day after the
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