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## **COVER LETTER**

Registration Section

TO:

Division of C	orporations					
	RTH MIAMI AVE LLC					
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.				
Picase return all corres	pondence concerning this matter	to the following:				
	ROMINA J. BENESSCH					
	Name of Person					
	2668 NORTH MIAMI AV					
		Firm/Company	<del></del>			
	843 W 60 ST					
		Address				
	HIALEAH, FLORIDA, 33	012				
		City/State and Zip Code				
	ROMINA@BENESCH.PR	O to be used for future annual report notif	ication)			
For further informatio	n concerning this matter, please c					
ROMINA J. BENESO	ZH	305 9245915				
Nam	e of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for	or the 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)			
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2668 NORTH MIAMI AVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/07/2021}{10/07/2021}$ \_\_\_\_ and assigned Florida document number L21000417545 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 Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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
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