## L21000458144

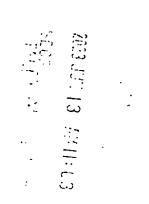
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>Georgia Avenue Property Holdings</u> V LLC  Name of Limited Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Molina Name of Person
Georgia Avenue Proferty Holdings V LLC Firm/Company
5300 Georgia Avenue
West Palm Beach, FL 33405 City/State and Zip Code
City/State and Zip Code  taylor molina 28 @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Toseph Molina at (561) 586-2212  Name of Person at (561) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcirc \\$30.00 Filing Fee & \Bigcirc \\$55.00 Filing Fee & \Bigcirc \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Georgia Avenue</u> (Name of the Limited I	Property Holdin jability Company as it now appea florida Limited Liability Company)	as V LLC	
The Articles of Organization for this Limited Liabi Florida document number <u>L21000458</u>		10/21/2021	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		<del> </del>
(Principal office address MUST BE A STREET A	(DDRESS)		· (
		<u> </u>	(,)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> 3</u>
B. If amending the registered agent and/or registered affice address h	stered office address on our ere:	records, enter the nam	e of the new registere
Name of New Registered Agent:	Joseph Mol	ina	
New Registered Office Address:	Joseph Moli 5300 Georgia Enter Fil	rida street address	
	West Palm Beach		
Nam Danistand Agent's Signature if changing Rec	ictored Agent:		ω <sub>1</sub> ρ

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 Resistered 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	Miguel Molina	5300 Georgia Avenue	🗆 Add
		West Palm Beach, FL 331	
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			□Change
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