## L21000477402

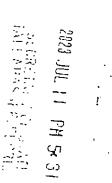
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor			
CHIDIEA	CLINTON			
SUBJEC	OT:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		GEORGE L. TIRADO		
			Name of Person	
		TAXES BY GEORGE		
			Firm/Company	
		7455 COLLINS AVE STE	209	
			Address	
		MIAMI BEACH, FL. 331-	41	
			City/State and Zip Code	
		INFO@TAXESBYGEORC	FE.NET to be used for future annual report notif	Sanian)
For furth	er information e	oncerning this matter, please co	·	ication)
GEORG	E L. TIRADO		305 4960984	
	Name of	r Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	00 Filing Fee	S30.00 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)
!	Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLINTON 506 LLC				
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000477402}{}$ .	were filed on 11/04/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	sility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6545 INDIAN CREEK DR			
(Principal office address MUST BE A STREET ADDRESS)	UNIT 506			
	MIAMI BEACH, FL. 33141			
Enter new mailing address, if applicable:	6545 INDIAN CREEK DR	202		
Mailing address MAY BE A POST OFFICE BOX	UNIT 506			
	MIAMI BEACH, FL. 33141			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Floric	la		
	City , FIOTIC	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
P	MARIA P. BERSAN	6545 INDIAN CREEK DR UNIT 506	□Add
		MIAMI BEACH, FL. 33141	□Remove
			■Change
AMBR	LUIS REIS	MIAMI BEACH, FL. 33141  JIS REIS  2851 NE 183RD STREET #2206  AVENTURA, FL 33160	
		AVENTURA, FL 33160	■Remove
		<del></del>	☐ Change
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ffective date, if other than the can effective date is listed, the date must	fate of filing:	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 6	505.0207 (
<u>lote:</u> If the date inserted in this blo ocument's effective date on the De	ck does not meet the applica			
ocument serrective date on the De	difficit of State 8 records.			
record specifies a delayed effective	data, but not an officitive tie	ne at 12:01 a.m. on the ea	rlion of the The 90th day w	fter the
I is filed.	cate, that her an effective in	ne, ac (2.37) a.m. vii iie ca	The M. (b) The Marting in	
JULY, 6th Pated	2023			
		200 8 1	La d	
	11/00	WXX LXX	DOV/	
\$	Signature of a member or autho	rized representative of a men	ber	
MARIA P. BERSAN				
<del></del>	Typed or printe	d name of signee		

Filing Fee: \$25.00