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(Keq	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to F	iling Officer:	

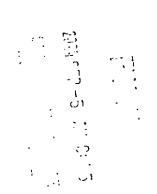
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9/10/24



COVER LETTER

TO: Registration Division of C		
2911 E11	CONDO, LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Jason B. Giller	
		Name of Person
	Jason Giller P.A.	
		Firm/Company
	1111 Brickell Ave Suite 1:	550
		Address
	Miami FL 33131	
		City/State and Zip Code
	jason@gillerpa.com	
		to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Jason B Giller		305 999-1906 at ()
Name	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	a Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2911 E11 CONDO, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000038848	were filed on $\frac{01/20/2022}{}$ and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)		
	-	
Enter new mailing address, if applicable:	1111 Brickell Ave Suite 1550	
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33131	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the ne	w registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	~ · · · · · ·	2024 s
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar whorovided for in Chapter 605, F.S. Or, if this doc	th and. '! ument is

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:

MGR = Manager AMBR = Authorized Member Title Name | <u>Address</u> Type of Action _____ □ Add _____ □Change _____ □ Change □Remove ______ □Change _____ □Add □Remove □Rcmove __ | | Chảnge _____ □Remove

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		08/29/2024			
ective date, if other than	the date of fili	ing:		(option	al)
effective date is listed, the dat e: If the date inserted in the					
ument's effective date on t	he Department of	State's records.	, -		20 8
					10 12 00
cord specifies a delayed eff	ective date, but n	ot an effective tim	ie, at 12:01 a.m. on	the earlier of: (b)	
s filed.					្ត្រី ហ
4	/	2021			· · · · · · · · · · · · · · · · · · ·
August 29th	_/	_ · 2024	_ •		
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Filing Fee: \$25.00