L22000038663

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COVER LETTER

	Registration Sec Division of Cor		
erin tre		ONDO, LLC	
SUBJEC	1:	Name of Lin	nited Liability Company
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.
Please ret	urn all correspo	ndence concerning this matter	to the following:
		Jason B. Giller	
			Name of Person
		Jason Giller P.A.	
		-	Firm/Company
		1111 Brickell Ave Suite I	550
			Address
		Miami FL 33131	
			City/State and Zip Code
		jason@gillerpa.com F-mail address:	(to be used for future annual report notification)
For furthe	r information co	oncerning this matter, please c	·
Jason B G	iiller		305 999-1906 at ()
_	Name of	Person	Area Code Daytime Telephone Number
Enclosed i	is a check for th	e following amount:	
■ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
<u> </u>	Mailing Address	<u>s:</u>	Street Address:
	Registration S		Registration Section
	Division of Co	-	Division of Corporations The Centre of Tallahassee
	P.O. Box 632 Fallahasses F		2415 N. Monroe Street, Suite 810 11 11 12

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3011 E11 CONDO, LLC

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

(A Florida Limited I	iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000038863</u>	were filed on 01/20/2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	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: Name of New Registered Agent:	address on our records, enter the name of the new registered			
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 agroperovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing 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 with and " provided for in Chapter 605, F.S. Or, if this document is			

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 Type of Action Title Name | **Address** □Add _____ □Change _____ □Change __ □Remove _____ □ Add □Add:

_____ Change

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