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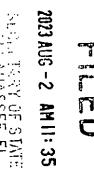
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## **COVER LETTER**

Division of Corp				
SUBJECT: 3740 SW 55	Ave LLC			
SUBJECT: *********				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	Patricia Gaudioso		<del></del>	
		Name of Person	~	
			960 PA	
	<del>-</del>	Firm/Company	AUG AUG	
			2000年	
	3740 SW 55 Ave			
		Address	Ser R	, C
	Davie, FL 33314		2023 AUG - 2 AM II: 35 SECNETARY OF STATE TALLAHASSEE, FL	2
		City/State and Zip Code		•
	pattygaudioso@gmail.com			
	E-mail address: (	to be used for future annual report notifi	ecation)	
For further information co	oncerning this matter, please ca	all:		
Jorge L. Gonzalez		at (305 ) 2852480		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
Mailing Addres	ς.	Street Address:		
Registration S		Registration Sec		
Division of C	-	Division of Corp The Centre of Ta		
P.O. Box 632 Tallahassee, I			: Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	3740 SW 55	5 Ave LLC		<b>????</b>
(Name of the Limit	ed Liability Compa	ny as it now appear	rs on our records.)	23 AUG
	ta rionga tamineo i	nabinty Company)		5
The Articles of Organization for this Limited Li	ability Company	were filed on	10/21/2021	and an igned
Florida document number				SECTION AND INC.
This amendment is submitted to amend the follo				AMII: 35 OF STATE SSEE, FL
A. If amending name, enter the new name of	<u>f the limited liab</u>	ility company he	ere:	
			e i a at a militarri anale	Attantiation of 1 177
The new name must be distinguishable and contain the w	ords "Limited Liabil	my Company. the o	lesignation "LLC or th	e appreviation (1.1C.)
Enter new principal offices address, if applic	able:	5761 NW 115 C	]t #109, Doral, FL 3.	3318
(Principal office address MUST BE A STREE	T ADDRESS)			
Parameter and any if applicable		5761 NW 115 0	:: ::::#109, Doral, FL 3:	3318
Enter new mailing address, if applicable:		-	<u> </u>	<del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del></del>	
			<del>-</del>	
B. If amending the registered agent and/or r	maintanad affica	addease on any	pagarde antar tha n	ame of the new registered
agent and/or the new registered agent and/or the		aduress on our i	ecords, enter the h	ame of the new registered
agent and/or the new registered office addre	ss nere.			
Name of New Registered Agent:	080			
New Registered Office Address:	3740 SW 55 A			
		Enter Flo	rida street address	
	Doral		Florida	33314
		City		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			■Remove
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an effecti	ve date is listed	, the date must be ed in this block	specific and	cannot be pric	or to date of h	ling or mo	e than 90 d requireme	ays after fil ents, this d	ing.) Pursua ate will no	ant to 60; of be list	5,0207 ted as
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Filing Fee: \$25.00