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SECRETARY OF STATE DIVISION OF CORPORATION

T. MATTHEWS

JUL 15 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp	
SUBJECT: 38	57 82ND ST LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspor	ndence concerning this matter to the following:
	Name of Person
	Franklis Law long PA
	818, NW 154 St 4120
	City/State and Zip Code
For further information co	oncerning this matter, please call:
Name of	Person at (315) & 517-3761 Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
54.\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 Co	orporations Division of Corporations
P.O. Box 6321	7 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF CORPORATIONS OF CORPORATIONS

(Name of the Limited Liability Company as it now appears on	2 MAY 16 AM 8: 38
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	<u>vai_1ccu, u.s.</u> /
The Articles of Organization for this Limited Liability Company were filed on Florida document number Z Z OOOO ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28 27 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	W 154 S+ 2120 Laker FL 33016
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) **TO GOOD	VW 154 St #120 Lakes FL 73014
B. If amending the registered agent and/or registered office address on our recor agent and/or the new registered office address here:	ds, enter the name of the new registered
Name of New Registered Agent: Franklin La	w broup PA Sy St = 120
New Registered Office Address: 8\8\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mami Lakes	Florida Jol 6

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
mgr	Nelson Rudnguez	15470 NW 82 CH	□Add
		MIAMI LAKES FO J	OI 6 Aremove
			□Change
MSR	Dalny Barbadill	9	Xadd
		8181 NW 154 ST #120	Remove
		8181 NW 154 ST #120 Miami Lakes FL 730	\ ॔ □Change
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cord spec s filed.	ifies a delayed ef	fective date, but i	not an effectiv	te time, at 120	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
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		Signature of	JANICINO CA GEA	ланописи терге	semanye of a file	CHIOCI		
			A	rinted name of	(6 Grot)	<u></u>		

Filing Fee: \$25.00