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COVER LETTER

	istration Sec ision of Corp			5 4		
	1518 SW 2N	D AVE., LLC	\$	(1		•
SUBJECT:			ted Liability Company	<u> </u>	- 7	•
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspor	ndence concerning this matter t	to the following:			
		Eric T. Salpeter, Esq.				_
			Name of Person			
		Salpeter Gitkin, LLP				
			Firm/Company			_
		3864 Sheridan Street				
			Address			_
		Hollywood, FL 33021				(c);
			City/State and Zip C	Code		- [] "
		Simona@salpetergitkin.com	1			Ö
		E-mail address: (to be used for future ar	inual report notific	ration)	•••
For further	information c	oncerning this matter, please co	all:			-
Eric T. Salp	oeter, Esq.		954 at (467-8622		:
	Name o	f Person	Area Code	Daytime '	Telephone Numb	er
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	ру	Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	ailing Addres		Re	eet Address: gistration Sec		
	ivision of C .O. Box 632	Corporations		vision of Corp e Centre of Ta		
	.O. Box 632 allahassee,			15 N. Monroe		810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1518 SW 2ND AVE., LLC		
(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on 01/24/2022	and assigned
lorida document number L22000047489		
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applica	ıble:	
Principal office address MUST BE A STREE		
melpui office unitess most be more		
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE i</u>	<u></u>	
		c 41. ^(**)
3. If amending the registered agent and/or r	egistered office address on our records, <u>enter the na</u>	me of the new registr
gent and/or the new registered office addres	<u>s nei c</u> .	- • • • • • • • • • • • • • • • • • • •
		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	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 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	JESSICA S. MIGLIN	332 Cedar Hill Ave.	
		Wyckoff, NJ 07481	≡ Remove
			Change
MGR	CELINA RAHMAN	332 Cedar Hill Ave.	
		Wyckoff, NJ 07481	Remove
		- <u>-</u>	[] Change
			□Add
			Remove
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		_,		
Effective date, if other than the fant of an effective date is listed, the date result of the date inserted in this document's effective date on the	s block does not meet the app	plicable statutory filing	(optional) re than 90 days after filing requirements, this date	.) Pursuant to 605.02 will not be listed
record specifies a delayed effect d is filed.	ctive date, but not an effectiv	ve time, at 12:01 a.m. o	n the earlier of: (b) T	ne 90th day after th
Pebruary 9	, 2022	·		
	0.0		of a member	