k22000052159

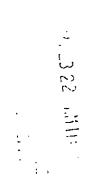
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Q. SILAS		
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

18 SUBJECT:	00 NE 28	th Ave LLC		•
SUBJECT:		Name of Lim	ited Liability Company	 •
The enclosed At	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
		Steven Oved		
			Name of Person	
			Firm/Company	
		138 E 31st St, BSMT C-1		
			Address	
		New York, NY 10016		
			City/State and Zip Code	
		stevenoved@gpsrealtynyc.c		
		E-mail address: ()	to be used for future annual report not	ification)
For further infor	mation co	oncerning this matter, please ca	all:	
Steven Oved			732 841-9088 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a ch	eck for th	e following amount:		
≡ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address		Street Address:	ection
-	tration S ion of Co		Registration Se Division of Co	
Division of Corporations P.O. Box 6327		•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1800 NE 28th Ave LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 31, 2022 and assigned Florida document number 1.22000052159 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 739 SE 9th Ave LLC The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			Add
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			□Remove
			□Change

Effective date, if other than the date of filing: (In a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Signature of a member or authorized representative of a member		
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HJ M		
	Dated	Signature of a member or authorized representative of a member
		Steven Oved

Filing Fee: \$25.00