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T. MATTHEWS APR 12 2022

COVER LETTER

TO:	Registration S Division of Co			
CHO IE	607 FORU			
SUBJE	CI:	Name of Lin	ited Liability Company	
The enc	losed Articles of	*Amendment and feets) are sub	unitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		DOREEN PARRONDO		
			Name of Person	.
		WYNWOOD TITLE COR	R P	
			Firm/Company	
		1800 N BAYSHORE DR	#2812	
			Address	
		MIAMI FL 33132		
			City/State and Zip Code	
		WYNWOODTITLECORPO	-	
		E-mail address: (to be used for future annual report no	(liffcation)
For furth	her information (concerning this matter, please c	alt:	
DOREE	EN PARRONDO)	305 989-5636 at ()	
	Name o	of Person	Area Code Daytii	me Tetephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.00 Filing 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)
	Mailing Addre Registration		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 631 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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607 FORUM 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 Comp	oany were filed on 03/03/2022	and assigned
Florida document number 1.22000088988	,	
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 L	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 offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>e</u>	
New Registered Office Address:	Enter Florida street a	d form
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compactions of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dutie as provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
II. C	Changing Registered Agent, Signat	ure 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	ANDRES E. ORDONEZ MATOS	19790 W Dixie Hwy, Unit 804, Aventura Fl. 33180	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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···	
	03/24/2022
<u>Note:</u> If th	date, if other than the date of filing:
document'	's effective date on the Department of State's records.
rd is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Mar Dated	rch 24 2022
	N VI N. J. M. J.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00