1900091691

(Req	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phone #)	_
PICK-UP	WAIT MAI	L
(Busi	ness Entity Name)	
(Doci	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fi	ling Officer:	-





700387923997

05/19/23--01028--001 **25.00

2022 HAY 19 AH 9: 27

RECEIVED

5/20/2012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2435 WYNWOOD LLC	
	Art of Inc. File
· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 05/19/22	UCC 1 or 3 File
Name 05/18/22 Date Time	UCC 11 Search
Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section

Division of Corporations

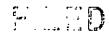
Tallahassee, FL 32314

SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	umitted for filing		
	ondence concerning this matter	-		
	Mimi Bared			
	-	Name of Person		
	Bared & Associates, P.A.			
		Firm/Company	·	
	201 Alhambra Circle, Suit	e 501		
	·	Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
	mimi@baredlaw.com	to be used for future annual report noti	at wat a N	
For further information c	oncerning this matter, please c		neation)	
	oncerning this matter, prease c			
Mimi Bared		305 666-6010 at ()	e Telephone Number	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	asi au	
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 19 AM 9: 27

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	⇒att E.FL
The Articles of Organization for this Limited Liability Company	were filed on February 8, 2022 and	d assigned
Florida document number L22000091691 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviatio	n "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 ad	dress
	,	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

2435 WYNWOOD LLC

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	Marlon B. Mejia	201 Alhambra Circle, Suite 501	■Add
		Coral Gables, FL 33134	□Remove
			☐ Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		Remove	
			Change
			□Add
			□Remove
			□ Change

. If amending any other inform	nation, enter change(s)	here: (Attach a	dditional sheets, if neco	essary.)
	<u>-</u>			
		<u> </u>		
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<u> </u>		 ·		
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	prior to date of filing	or more than 90 days after	filing.) Pursuant to 605,0207 (3)
he record specifies a delayed effec ord is filed.	ive date, but not an effecti	ive time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated May 17,	. 2022	·		
	/S/ Signature of a member or	/ Pablo R. Bared authorized represen	tative of a member	
Pablo R. Bared				
	Typed or	printed name of sig	nee	

Filing Fee: \$25.00