## 4220C

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T. MATTHEWS MAY 24 2022

## **COVER LETTER**

то:	Registration Se Division of Cor				
oub i	SW723 LLC				
SUBJ	ECT:	Name of Limi	ited Liability Company	<del></del>	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Jennie T Valdes			
			Name of Person		
			Name of Person  Firm/Company  nue  Address  City/State and Zip Code  Idress: (to be used for future annual report notification)  lease call:		
		Firm/Company  5500 SW 62nd Avenue  Address  Miami, FL 33155  City/State and Zip Code			
			Address		
		Miami, FL 33155			
			City/State and Zip Code		
		jvaldes23@aol.com	1 12 3		
		h-mail address: (I	to be used for future annual repo	rt notification)	
For fu	rther information co	oncerning this matter, please ca	all:		
Jennie	e T Valdes		at ( )		
	Name o	Person	Area Code [	Daytime Telephone Number	
Enclos	sed is a check for th	e following amount:			
<b>≡</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF CORPORATIONS OF OF

22 APR 18 PM 3: 24

SW723 LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number 1.22000092743	were filed on 2.14.22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>-</del>	
Principal office address MUST BE A STREET ADDRESS)		<del>-</del> -
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zio 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>	<u>Address</u>	Type of Action
MGR	Jennie T Valdes	5500 SW 62nd Avenue, Miami, FL 33155	■Add
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		2.11.22			
ffective date, if other than an effective date is listed, the date fote: If the date inserted in the ocument's effective date on the	is block does not me	et the applicable s	of tiling or more than atutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605.0207 (. of be listed as th
record specifies a delayed effo l is filed.	ective date, but not a	in effective time, at	12:01 a.m. on the e	arlier of: (b) The 90th	day after the
4.14 Pated		2022			
		1			
		2011			

Filing Fee: \$25.00

Typed or printed name of signee