L22000094231

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(8.10)
	(City/State/Zip/Phone #)
<u> </u>	
PICK-UP	WAIT MAIL
-	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filina Officer:
	- · ······- - - ······
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/30/2022		ANTELA E EZ FEDAN
		~WALK IN→
ENTITY NAME 2666 H	alissee St., LLC	
DOCUMENT NUMBER_	L22000094231	
	PLEASE FILE THE ATTACHED AND RETUR	V
XXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
£	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE	- ENTITY
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATIO)//
COUNTRY OF DESTINAT	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #:	120160000072
	5, A	8 F/O
Please call Tina at th	e above number for any issues or concerns.	

COVER LETTER

Division of Cor	porations		
	SSEE ST LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SILVIA BOSCHETTI		
		Name of Person	
	2666 HALISSEE ST LLC		
		Firm/Company	
	4225 PONCE DE LEON I	BLVD	
	- ,	Address	
	CORAL GABLES, FL 33	146	
		City/State and Zip Code	
	JOTA@BFGROUPLLC.CO	DM to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please c		
JOSE BOSCHETTI		305 458-27 at ()	30
Name o	f Person	Area Code E	Paytime Telephone Number
Enclosed is a check for the	he following amount:		
1	□ \$30.00 Filing Fee &		
	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Addre</u> Registratio	
Division of C		-	f Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> 24'UU Halissil</u>	e St. LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	7. 23 and assigned
Florida document number L22000094231		
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 I	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	<u> </u>	2022
	1-2011	3 1
		R 30
Enter new mailing address, if applicable:		. S≺ 📻
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	4	77 8
		75 79
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

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>	<u>Address</u>	Type of Action
MGR	SILVIA BOSCHETTI	4225 PONCE DE LEON BLVD	= Add
		CORAL GABLES, FL 33146	□Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	· · · · · · · · · · · · · · · · · · ·		□Add
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If an effective dat <u>Note:</u> If the da	e, if other than the is listed, the date materials in this fective date on the	ust be specific an block does not	d cannot be prior meet the applic	able statutory fili	option (option of the control of the	o nal) filing.) Pursuant to 605. s date will not be liste	0207 (:d as t
e record specifi rd is filed.	es a delayed effect	ive date, but no	t an effective t	ime, at 12:01 a.m	on the earlier of: (b) The 90th day after	the
Dated	-116	1	. 2022	·			
		1_2_		orized representativ	- C		
	17	* C					