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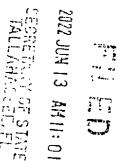
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COVER LETTER

TO:	Registration : Division of C					
SUBJE) NW 2 AVE LLC				
SUBJE	CI	Name of Lin	nited Liability Company			
The encl	losed Articles c	of Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corresp	oondence concerning this matter	to the following:			
		Daniil Move				
			Name of Person			
		AP 20200 NW 2 AVE LL	С			
			Firm/Company			
		19444 NE 26th Avenue, N	diami, FL 33180			
			Address			
		Miami, FL 33180				
			City/State and Zip Code	_		
		• •	to be used for fitture annual report notif	fication)		
For furth	er information		•			
			929 333-0878			
	Firm/Company 19444 NE 26th Avenue, Miami, FL 33180 Address Miami, FL 33180 City/State and Zip Code move@alpineperfect.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: mill Move at (929					
Enclosed	l is a check for	the following amount:				
□ \$25.	00 Filing Fee			☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
· · · · · · · · · · · · · · · · · · ·	Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2022 JUN 13 AM 11: 01

AP 20200 NW 2 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 March 4, 2022	and assigned
Florida document number L22000113423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin:	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, anter the	omo of the many wasted
gent and/or the new registered office address here:	o office address on our records, enter the n	iame of the new register
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip 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>	Address	Type of Action
AMBR	Daniil Move	19444 NE 26 AVE UNIT 64	= Add
		SUNNY ISLES, FL 33160	7.
			=Remove
			□Change
		_	□ Change
			□Add
			□Remove
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	Daniil M		Signatu	re of a mo	mber or a	uthorized r	epresentatí	ve of a mer	nber			