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## **COVER LETTER**

TO: Registration S Division of Co			
	IAMI, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	ZUNAY RABELO		
		Name of Person	
	JRA PROFESSIONAL SE	RVICES	
	·	Firm/Company	
	1800 W 68TH STREET ST	TE 112	
		Address	
	HIALEAH, FL 33014		
		City/State and Zip Code	<del></del>
	ZRABELO@JRAPROFESS		
	·	o be used for future annual report notifica	ition)
For further information	concerning this matter, please ca	ill:	
ZUNAY RABELO		305 310-3965 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited I Florida document number L22000115440	Liability Company we	ere filed on MARCH 7TH, 2022	and ass	igned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabilit	v company here:		
RED K MIAMI 1, LLC				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if appli	icable: _			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office add	dress on our records, enter the name		v registe
Name of New Registered Agent:	JRA PROFESSIO	NAL SERVICES	1023	=:0
New Registered Office Address:	1800 W 68TH STREET STE 112		2023 OCT 10	<del>7.</del> 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Enter Florida street address	0 1	7127 1727
	HIALEAH	. Florida 330	114 🛌	48.E
		City	Zip Gode	1• <sub>2</sub> .
New Registered Agent's Signature, if changing	Registered Agent:		Ň	

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	CARMEN J. VENCE	66 WEST FLAGLER STREET STE 900	□Add
		MIAMI, FL 33130	Remove
			□Change
MGR	VIOLETA G. VENCE	66 WEST FLAGLER STREET STE 900	
		MIAMI, FL 33130	□Remove
			🗀 Change
			□Add
			□ Remove
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ective date, if other tha	n the date of filing:			(optional)	
ective date, if other than effective date is listed, the da te: If the date inserted in t	te must be specific and ca his block does not me	annot be prior to da	te of filing or more that statutory filing requ	90 days after filing.	Pursuant to 605.020 will not be listed a
ument's effective date on				·	
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cord specifies a delayed ef s filed.	rective date, but not a	n effective time,	at 12;01 a.m. on the	earner of: (b) Th	; 90m day after th
CERTEMBER 2010		2022	,		
sed SEPTEMBER 3RD		<del>2023</del> ·	n . /		
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	Signatule of a me	ember or authorize	d representative of a m	ember	

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Filing Fee: \$25.00