

L22000124173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

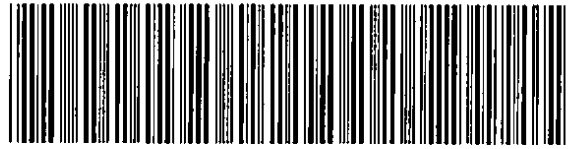
(Business Entity Name)

(Document Number)

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ALLAHASSIE, FLOPP

08/23/23  
A. HUNT



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/23/2023

Name: Chris Vick

Reference #: 2098818

Entity Name: 1603 SW 8TH ST LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

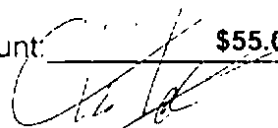
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

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Authorized Amount: \$55.00

Signature: 

📍 CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

📍 EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
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+44 (0)20.3961.3080

📍 ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
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UNIT B, 1/F, LIPPO LEIGHTON TOWER  
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P: +852.2682.9633  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

1603 SW 8TH ST 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 25, 2022 and assigned  
Florida document number L22000124173.

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 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)

111 SW 29th Road

Miami, Florida 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 SW 29th Road

Miami, Florida 33129

**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:

111 SW 29th Road

*Enter Florida street address*

Miami

*City*

Florida 33129

*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 Changing Registered Agent, Signature of New Registered Agent**

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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>	<u>Type of Action</u>
MGR	North Park Ventures Florida LLC	1628 N. Wells, Unit 1	<input type="checkbox"/> Add
		Chicago, IL 60614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NPV Manager Florida LLC	111 SW 29th Road	<input checked="" type="checkbox"/> Add
		Miami, Florida 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

1. SECRETARY OF STAFF  
DIVISION OF CORPORATIONS

2023 AUG 23 PM 12:40

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated August 22, 2023

Robert Sekula

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**