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Jame Chang

JUN 2 0 2022

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

			•
SUBJECT: 1021 NW 3	BRD AVENUE LLC		\
SUBJECT: 1021 100 3		ited Liability Company	•
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wesley T. Mathieu		
		Name of Person	<u> </u>
	sklawyers, pllc		
		Firm/Company	
	1314 Cape Coral Parkway	East, Suite 320	
		Address	
	Cape Coral, Florida 33904		
		City/State and Zip Code	
	wmathieu@sklawyers.net		
	E-mail address: (to be used for future annual report notifica	tion) 202'
For further information co	oncerning this matter, please ca	all:	APT T
Wesley Mathieu		at (239) 772-1993	2022 AFR 22
Name o	f Person	Area Code Daytime To	elephone Number
			ं ; य ं ; य
Enclosed is a check for th	ne 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)
Mailing Addres		Street Address:	o.,
Registration S Division of C		Registration Section Division of Corpo	
P O Box 632		The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1021 NW 33RD AVENUE, LLC

company has been notified in writing of this change.

(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 16.	and assigned and assigned
Florida document number L22000132931		, c,
This amendment is submitted to amend the following:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
A. If amending name, enter the new name of the limited lial	oility company here:	
1028 NW 33RD AVENUE, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Clouida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capacit	v. I further agree to comply with t
provisions of all statutes relative to the proper and complete		

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

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>	Name	Address	Type of Action
			□Add
		·	Remove
			□Change
			□Add
			□Remove
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Effect	ive date, if other than the date of filing:(optional)
	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 18 / 2022

Typed or printed name of signee