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## CORPORATE ACCESS, \_

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INC.

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### **WALK IN**

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XX	FILING	LLC AMEND
_	FIFTH AVE MGT & SV	
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#### **COVER LETTER**

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SURIFCT	FIFTH AVE MGT & SVC, LLC T:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fec(s) are sul	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		VALERIA SCHVARTZM	1AN		
			Name of Person		
		LAW OFFICE OF VALE	RIA SCHVARTMAN		
			Finn/Company		
		12550 BISCAYNE BLVE	STE 406		
			Address	<del></del>	
		MIAMI, FL 33181			
			City/State and Zip Code		
		VALERIA@SCHVLAW.C			
		E-mail address: (	to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please o	ali:		
VALERIA S	SCHVARTZ	MAN	305 9740114 at ()		
•	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	ne following amount:			
<b>≡</b> \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Rep Div P.C	). Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Fallahassee	
Tal	lahassee, l	FL 32314	2415 N. Monro Tallahassec, FL	e Street, Suite 810 . 32303	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIFTH AVE MGT & SVC, LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number L22000147019	ompany were filed on 04/01/2022 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1. 5.5
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		::
	<del></del>	တ်
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office 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 ado	tress
	,	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 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
MGR	ROBERT ARONOV	3725 S. OCEAN DR. #917.HOLLYWOOD, FL 3301	9 _ □Add
			_ <b>≡</b> Remove
			_ 🗆 Change
AMBR	ROBERT ARONOV	3725 S. OCEAN DR. #917.HOLLYWOOD, FL 330	19 <b>≣</b> Add
			_
			∵? ⊃ ⊄⊡Remove
			_ 🗆 Change
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirementment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie filed.	τ of: (b) The 90th day after the
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