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08/09/22--01019--010 **25.00

PILLAHASSE STATE

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
551 NW 41	ST LLC			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	GUSTAVO ALFONSO BA	ARRAGAN		
		Name of Person		
	551 NW 41 ST LLC			
		Firm/Company		
	551 NW 41 ST			
		Address		
	MIAMI, FL 33127			
		City/State and Zip Code		
	gbarragan@conequipos.con	n to be used for future annual report no	atification)	
For further information c	oncerning this matter, please co		ouncation)	
gbarragan@conequipos.c	com	305 4624111 at ()		
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	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:	Section	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

551 NW 41 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 $\frac{04/05/2022}{1}$ and assigned Florida document number ______L22000162324 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) 551 NW 41 ST Enter new mailing address, if applicable: MIAMI, FL 33127 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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	CR REALTY & MANAGEMENT	140 S. DIXIE HWY APT 706	
		HOLLYWOOD, FL 33020	■Remove
			□ Change
MGR -	GUSTAVO ALFONSO BARRAC A N	551 NW 41 ST	■Add
		MIAMI, FL 33127	□Remove
			□Change
			□Add
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	07/21/22
ffecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	ent's effective date on the Department of State's records.
	d 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
	ed.
d is fil	
d is fil	AUGUST 3 2022
d is fil	
d is fil	AUGUST 3 . 2022
d is fil	

Filing Fee: \$25.00