L22000365149

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COVER LETTER

TO: Registration S Division of Co			
4681 SW 7 SUBJECT:	2nd Ave, LLC		
JOBNECT.	Name of Lir	nited Liability Company	
The analog & Alexander of			
	Amendment and fee(s) are sul	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Ana Garcia		
		Name of Person	
	Diaz Leyva Group PLLC		
		Firm/Company	
	1501 Venera Ave, Suite 20	03	
		Address	
	Coral Gables, Florida 331	46	
		City/State and Zip Code	
	anag@diazleyvagroup.com		
Pari Grade 1 de Company		to be used for future annual report not	fication)
	oncerning this matter, please c	all:	
Ana Garcia		305 203-0673 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address Registration S		Street Address:	ation.
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LULL SEP 15 AM 8: 34

The Articles of Organization for this Limited Liability Company were filed on August 19, 2022 and assigned Florida document number Li22000365149

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered affice address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

., 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	Daniel Diaz Leyva	1501 Vencra Ave, Suite 203	
		Coral Gables, Florida 33146	■Rcmove
			□Change
MGR	Cesar Cajigas	1501 Venera Ave, Suite 203	
		Coral Gables, Florida 33146	□Remove
			□ Change
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Filing Fee: \$25.00

Typed or printed name of signee