

L22000368353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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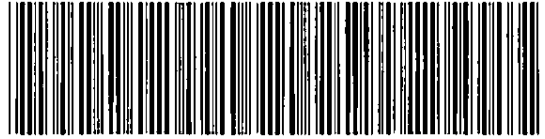
(Business Entity Name)

(Document Number)

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*ML*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RACKTOW 1401 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN APARICIO

Name of Person

APARICIO ASSOCIATES LLC

Firm/Company

12001 SW 128TH CT SUITE 208

Address

MIAMI, FL 33186

City/State and Zip Code

hmaria\_angel@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN APARICIO

305

271 - 0727

Name of Person

at ( ) Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RACKTOW 1401 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 08/22/2022 and assigned Florida document number L22000368353.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RACKTOW NEXO 503, LLC

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)

66 WEST FLAGLER ST

SUITE 900 - #4737

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

66 WEST FLAGLER ST

SUITE 900 - #4737

MIAMI, FL 33130

**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:

APARICIO ASSOCIATES LLC

New Registered Office Address:

12001 SW 128TH CT SUITE 208

*Enter Florida street address*

MIAMI

Florida 33186

*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.*

*[Signature]*  
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>
P / MGR	RAUL BARRERO	1460 SW 144TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P / MGR	NICOLAS MEDINA	1460 SW 144TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA ANGEL HOLLMAN	1460 SW 144TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RACKTOW MANAGEMENT CO	66 WEST FLAGLER ST SUITE 900 - #4737	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICOLAS SMAIRA	66 WEST FLAGLER ST SUITE 900-#4737	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 600.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 24, 2024

*Nicolas Smaira E.*

Signature of a member or authorized representative of a member

NICOLAS SMAIRA

Typed or printed name of signee