## 122000402743

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SECRETARY OF STATE CORPORATION

## **COVER LETTER**

TO:	Registration Sect Division of Corpo		
CHELL		STREET, LU	c
SUBJE	CT:		Name of Limited Liability Company
The end	losed Articles of A	mendment and	fee(s) are submitted for filing.
Please 1	eturn all correspond	lence concernir	g this matter to the following:
		Gabriel E Ros	manach Jr.
			Name of Person
		1644 SW 3RI	STREET, LLC
			Firm/Company
		11300 SW 91	Avenue
		J	Address
		Miami, FL. 3	B176
		Gromanach@b	City/State and Zip Code ellsouth.net
		-	mail address: (to be used for future annual report notification)
For furt	her information con	cerning this ma	tter, please call:
Gabriel	E Romanach Jr.	ļ	305 527-8200 at (
	Name of P	erson	Area Code Daytime Telephone Number
Enclose	d is a check for the	following amou	int:
<b>■ \$</b> 25	.00 Filing Fee	S30.00 Filin Certificate	
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1644 SW 3RD STREET, I	LC
(Name of	the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	mited Liability Company were filed on September 15, 2022 and assigned
Florida document number L2200040274	<del>13</del>
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 cor	tain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address,	f applicable:
(Principal office address MUST BE A	STREET ADDRESS)
Enter new mailing address, if applica	bie:
(Mailing address MAY BE A POST O	FFICE BOX)
B. If amending the registered agent a agent and/or the new registered office	nd/or registered office address on our records, <u>enter the name of the new registered</u>
agent and of the new registered write	
Name of New Registered Age	int:
New Registered Office Addre	SS:  Enter Florida street address
	, Florida
New Registered Agent's Signature, if ch	anging Registered Agent:
provisions of all statutes relative to to accept the obligations of my position	egistered agent and agree to act in this capacity. I further agree to comply with the he proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is in the registered office address, I hereby confirm that the limited liability 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>	<u>Name</u>	Address	Type of Action
AR	GABRIEL ROMANACH	11300 SW 91 AVENUE MIAMI, FL. 33176	□Add
			Remove
			□Change
AMBR	GABRIEL E ROMANACH JR.	11300 SW 91 AVENUE MIAMI, FL. 33176	🗏 Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove
			Change
<u> </u>			□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□Change

D. If ame	nding any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date control of the date is listed, the date must be a lift the date inserted in this block ent's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record record is fil		ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCTOBER 5	, <u>2022</u> .
	Sig	pature of a member or authorized representative of a member
	GABRIEL E ROMANACH	JR.
		Typed or printed name of signee

Filing Fee: \$25.00