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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: 1Z	147 SW 3rd	St. LCC		
	Name of Luni	ted Liability Company		
· · · · · · · · · · · · · · · · · · ·				
The enclosed Afficles of	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Stephen (Name of Person		
	Guerren 1	Name of Person AW G10UP PLLC Firm/Company	<u>'</u>	2e
	<u> </u>	Address		
	Miaki lak	LES FC 33014 City/State and Zip Code The Guerrer law o be used for future annual report note		3
	SGULYVERV D E-mail address, (1)	the <u>Guervery law</u> obe used for future annual report not	1. Com	1 is 3 is
For further information c	oncerning this matter, please ca			
Stept Name o	ien Guerresu Person	at (<u>954</u>) 410 Area Code Daytin	1 . 4338 te Telephone Number	
Enclosed is a check for the	ne following amount:			
52 S25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status &
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Con	rporations	
P.O. Box 632	. 1	The Centre of T	i ananassee	

2415 N. Monroe Street, Suite 810

Tallalmssee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12147 SW 3rd 5+	LLC	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 Z 000 43 Z 478</u> .	were filed on	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.,,
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		3 7
		-3
Enter new mailing address, if applicable:		ω
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	daZip 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 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

Title	Name	Address	Type of Action
AMBR	NG FAMILY Hoklings LLC	416 M. Federal HWY	□Add
	, ,	416 N. Federal HWY Fort lauderdale FC 3330	_ ZRemove
			□Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of tiling or more than	90 days after filing.) Pursuant to 6
If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records	
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	arline of: (b) The 90th day a
tiled.	iner with the sources in
a april 10 . 2023.	
·	
Signature of a member or authorized representative of a mem-	iber
Signature of a member or authorized representative of a mer	nber
Stephen Fromero - Attorney Typed or printed name of signee	in fact

Filing Fee: \$25.00