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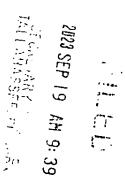
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COVER LETTER

	ion Section - of Corporations	^		
SUBJECT: 2	301 COLLINS AVE 525 LLC			
Jobseci.	Name of L	imited Liability Company		
The enclosed Artic	eles of Amendment and fee(s) are s	ubmitted for filing.		
Please return all co	orrespondence concerning this matt	er to the following:		
	Ralph Padron			
		Name of Person		
	PADRON & ASSOCIA	TES, INC.		
		Finn/Company		
	2095 W 76TH ST - SUI	TE 102		
		Address		
	HIALEAH, FL 33016			
		City/State and Zip Code		
	ralph@padrongroup.com			
For further informa	E-mail address ation concerning this matter, please	to be used for future annual report not	fication)	
	mon concerning this matter, prease			
Ralph Padron		305 818-0404 at ()		
,	Name of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing I	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing A</u> Registra		Street Address: Registration Sec	rtion	
Registration Section Division of Corporations		_	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahas	see, FL 32314	2415 N. Monro	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2301 COLLINS AVE 525 LLC

(Name of the Lim	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited	Liability Company were filed on	01/25/2023	and assigned
Florida document number L230000517	750		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	r <u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		023 11.6
			2. M
			92분 —
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
		 	<u>.</u>
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:		cords, <u>enter the nam</u>	e of the new registe
•	2095 W 76TH ST - SUITE 102		
New Registered Office Address:		la street address	
	HIALEAH	, Florida 330)16
	City	, 1 101102	Zip Code

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 Changing Registered Agent, Stynature 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>	Name	Address	Type of Action
			☐ Change
			□Add
			Remove
 			□Add
			□Remove
			□Change
			☐Add
			□ Remove
			Cladd
			CRemove
			Change
			□Add
			□Remove
			∏ Change

Page 2 of 3

D. II ali	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	7. 29
	2022 SI A SI
	AHE SEP 19
	<u> </u>
	
Note:	tive date, if other than the date of filing: [Coptional] [Coptional]
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	September 8, 2023
	Signature of a member of authorized representative of a member
	Dominga P. Garcia Typed or printed name of signee

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Filing Fee: \$25.00