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COVER LETTER

FO: Registration Se Division of Cor				
	VILLA 601, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Gary Silberman, Esq.			
		Name of Person		
	Gary Silberman, P.A.			
	 	Firm/Company		~,
	2665 S. Bayshore Drive, St	uite 725		
		Address	28	
	Coconut Grove, FL 33133		1 - K	ر از منت برگ
		City/State and Zip Code		Aii 8: 2,
	gary@silberman-law.com			<u>5</u> 2
	E-mail address: (I	to be used for future annual report notif	(cation)	
For further information o	oncerning this matter, please co	all:		
Gary Silberman, Esq.		305 285-0377		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional cop	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARBOR VILLA 601, LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
he Articles of Organization for this Limited Liability Company were filed o	n 03/21/2023	and assigned
lorida document number L23000143631		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability compa	ny here:	
HARBOR VII.LA 602, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company,"	" the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	<u>·</u>	;:2
Principal office address MUST BE A STREET ADDRESS		
	70.	
	(i), .	± .
Enter new mailing address, if applicable:	, et 11.	<u>. </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address on	our records. enter the name of	the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	ter Florida street address	·
	, Florida	
Cin	, 1 101 104	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.

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	
			□Add	
			□Remove	
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Typed or printed name of signee