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COVER LETTER

	tion Sections: of Corporations		•
SUBJECT:	638 N MIAMI AVE ONE LLC		
Jobseci	Name of Lit	nited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	Ralph Padron		
		Name of Person	
	PADRON & ASSOCIAT	ES, INC.	
		Finn/Company	
	2095 W 76TH ST - SUIT	E 102	
		Address	
	HIALEAH, FL 33016		
	ralph@padrongroup.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further informa	ation concerning this matter, please	call:	
Ralph Padron		305 818-0404 at ()	
	Name of Person		ne Telephone Number
Enclosed is a check	c for the following amount:		
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	
	tion Section of Corporations	Registration Se Division of Co	
P.O. Box		The Centre of	

P.O. Box 6327 Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7638 N MIAMI AVE ONE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/29/2023 The Articles of Organization for this Limited Liability Company were filed on_ and assigned Florida document number ______ L23000158685 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agw registered agent and/or the new registered office address here: PADRON & ASSOCIATES, INC. Name of New Registered Agent: 2095 W 76TH ST - SUITE 102 New Registered Office Address: Enter Florida street address HIALEAH

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 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
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Tective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the applicable st	tatutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	enedave enie, de 12.01 d.m. on the content
ated September 8, 2023	
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Filing Fee: \$25.00