## L23 000 18268i

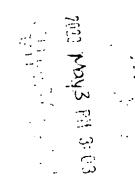
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

Registration Section Division of Corporations

TO:

1040 NE 10 SUBJECT:	OTH AVE LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mariano Leo		
		Name of Person	
	1040 NE 10th AVE LLC		
		Firm/Company	2023
	585 NE 93rd Street		REST MAY 3 FILL
	- · · ·	Address	
	Miami Shores, FL 33138		
		City/State and Zip Code	
	marianoleo@cshospitalityg	roup.com	نب
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Mariano LEo		786 431-9931	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1040 NE 10TH AVE LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reted Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Comp.  Florida document number L23000182682	any were filed on 04/12/2023		and as	ssigned
This amendment is submitted to amend the following:				
rms amendment is submitted to amend the following.				
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbi	reviation "I	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>		205	
Trineipus office unuress broot DE ASTREET ADDRESS		:"		
			-3	•
			<del>-</del>	-
Enter new mailing address, if applicable:				er.
Mailing address MAY BE A POST OFFICE BOX)	<del></del> .			** 1
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name	of the ne	w regist
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street a	ddress		
	· · · · · · · · · · · · · · · · · · ·	, Florida		
	City		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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mariano Leo	585 NE 93rd Street	<b>=</b> Add
		Miami Shores, FL 33139	□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
			Add □ Add
			———— □Remove
		<del></del>	<u> </u>
			□ Λdd
			Remove
		<del></del>	
			□ Add
		<del></del>	, and the second
			□ Remove