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COVER LETTER

Div	ision of Con	porations		
SUBJECT:	NUMBERI			
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		FABIOLA SIFONTES		
			Name of Person	
		NUMBER 17 LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		125 NE 32ND ST #1817		
			Address	
		MIAMI, FL 33137		
			City/State and Zip Code	
		fabiolasifontes@gmail.com		
		E-mail address: (to be used for future annual report not	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
FABIOLA S	SIFONTES		786 371 - 4520 at ()	
	Name of	l'Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUMBER 17 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/02/2023}{1}$ and assigned 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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>	<u>Address</u>	Type of Action
MGR	JUAN PIRELA	5521 N UNIVERSITY DR #202	
		CORAL SPRINGS, FL 33067	■Remove
			□Change
			□Add
		 	□Remove
			☐ Change
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	isted, the date must be serted in this block						
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cord specifies a s filed.	delayed effective da			12:01 a.m. on th	ne earlier of: (b)) The 90th day a	after the
			<u>.</u> La Sig	Cenes) The 90th day a	after the

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

NUMBER SUBJECT:	117 LLC		
	Name of Lim	ited Liability Company	·····
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		Name of Person	
	NUMBER 17 LLC		
		Firm/Company	
	125 NE 32ND ST #1817		
		Address	-
	MIAMI, FL 33137		
		City/State and Zip Code	·
	fabiolasifontes@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
FABIOLA SIFONTES		786 371 - 4520	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addres		Street Address:	
Registration Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZC:3 (20 70.17:55

NUMBER 17 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili Florida document number <u>L23000216791</u>	ity Company were filed on 05/02	2023 and assigned
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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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco re:	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN PIRELA	5521 N UNIVERSITY DR #202	
		CORAL SPRINGS, FL 33067	■Remove
			□Change
			
			□Remove
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ecord specifies a de is filed.	ayed effective date.	but not an effect	ive time, at 12:0	l a.m. on the ear	lierof:(b) The	90th day after the
ited JULY, 10		2024	·			
	Signat	Faind ure of a member or	authorized repres	Polative of a memb	er	
m	SIFONTES				~.	