L23000247376

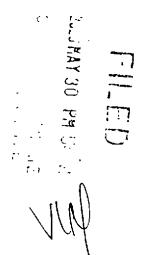
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COVER LETTER

	Registration Sect Division of Corpo		•	
\$1:0 IF/	223 NORTH	EAST 199TH TERRACE LI	LC:	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
		OKSANA INOYATOVA		
		******	Name of Person	
		COHEN&ASSOCIATES		
			Firm/Company	
		93-03A 63RD DRIVE		
			Address	
		REGO PARK, NY 11374		
			City/State and Zip Code	
		OKSANA@COHEN-ASSO	OCIATES.COM to be used for future annual repor	d natification)
For furth	er information cor	acerning this matter, please ca	·	
OKSAN	A INOYATOVA		917 209-938	86
	Name of I	erson		aytime Telephone Number
Enclosed	is a check for the	following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55,00 Filling Fee & Certified Copy (additional copy is enclosed.	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Addres	ss:

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

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

223 NORTH EAST 199TH TERRACE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	<u>any as it now appears on our reco</u> Liability Company)	ords.	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000247376}{L23000247376}$.	y were filed on Florida	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
233 NORTH EAST 199TH TERRACE LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	233 NORTH EAST 199TH TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179		
		/^ [c]	
Enter new mailing address, if applicable:	233 NORTH EAST 199TH	TERRACE T	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33179		
muning dualess MAT DE ATOST OFFICE BOX			
		i i i i i i i i i i i i i i i i i i i	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new regist	
New Registered Office Address:			
	Enter Florida street addi	ress	
	, I	Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete		• •	

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Anthorized 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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			□Remove
			□ Change
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