L23000281329

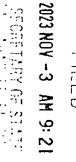
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	vision of Cor			
SUBJECT		15TH ST SW LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ul Articlae at	Amendment and fee(s) are sub	mitted for filing	
ricase retui	m air correspo	endence concerning this matter	to the following.	
		Yenis Torres Niebla		
			Name of Person	
			Firm/Company	
		2943 sw 5th PL		
			Address	
		Cape Coral FL 33914		
			City/State and Zip Code	
		yenis_niebla@yahoo.com E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
Yenis Torre	es Niebla		786 398-3427 at ()	
	Name o	l'Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address: Registration S	ection
	-	orporations	Division of Co	
	O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4732-4734 15TH ST SW 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 I	Liability Company were filed on 6/9/2	023 and assigned
Florida document number L23000281329	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	2:
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		ords, <u>enter the name of the new registered</u>
New Registered Office Address:	2943 sw 5th pl	
		a street address
	Cape Coral	Florida 33914 Zip Code
		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete performance of n istered agent as provided for in Ch registered office address. I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Begistered 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	YENIS TORRES NIEBLA		= Add
			□Remove
		2943 SW 5TH PL CAPE CORAL FL 33914	⊞ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			🗆 Remove
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Note: If the d	e, if other than the date is listed, the date must late inserted in this blockfective date on the Dep	k does not r	neet the appl	icable statuto	ing or more than ry filing requi	90 days after fil rements, this d	ing.) Pursuant to late will not be	605,0207 (3) listed as the
record speci d is filed.	ies a delayed effective	date, but not	an effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day a	ifter the
10/31/2 Dated	923		11:51 AM	1 16				
				VWV				
	s	ignature of a	member or aut	horized repres	entative of a me	mber		

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