## L23000308838

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## **COVER LETTER**

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TO: Registration Section Division of Corporation		e Sec	, as-		
SUBJECT:	49 NOak	Traffit way Lited Liability Company	LL		
	Name of Land	ned Blabinity Company 7			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Daniel	Newy Name of Person			
		Firm/Company			
	4900 r	VW 2nd Avc Address	<u></u>		
	Mian	City/State and Zip Code	7		
-	daniel e E-mail address: (1	to by used for future annual region noti	ent. Com fication)		
For further information conc	erning this matter, please co	all:	: · 		
Donie 1 Name of Pe	Jeary Trison	at ( <u>305</u> ) <u>H0</u> Area Code Daytim	1-6757 e Telephone Number		
Enclosed is a check for the f	ollowing amount:		. •		
\$25.00 Filing Fee	S30.00 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 Sec	ction	Street Address: Registration Sec	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of T	•		
Tallahassee, FL	32314	2415 N. Monro	e Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1149 N Ock Tr (Name of the Limited Liability Compan (A Florida Limited Li	efficure y LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23 000 308838</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	<u>.</u>
Enter new principal offices address, if applicable:	4900 NW and Ave Miani, FL 33127
(Principal office address MUST BE A STREET ADDRESS)	Miani, FL 33127
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4900 NW 2nd Ave . Miani, FL 33127 .
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ts) 
Name of New Registered Agent:	1 1
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>	<u>Address</u>	Type of Action
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	•	Miami Beach FL 33	1 <u>39</u> [ZRemove
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ted	Octo	br 30		023			
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			/ / K		representative of a me	ember	