

L23000322508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

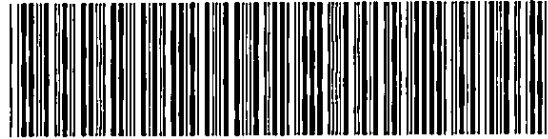
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



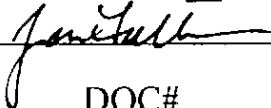
200405621322

FILED  
2023 JUL 11 PM 1:13  
STATE  
TALLAHASSEE, FL

RECEIVED  
2023 JUL 11 PM 3:07  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$25.00

Authorization Signature:   
630 SW 13 Ave LLC L23000322508  
BUSINESS DOC#

☐ Certified Copy of Articles  
☐ Certificate of Status

### NEW FILINGS

☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

### AMENDMENTS

☒ Amendment  
☐ Resignation of R.A. or member  
☐ Dissolution  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

### OTHER FILINGS

☐ **Trademark**  
☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE  
Country

### REGISTRATION/QUALIFICATIONS

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 630 SW 13 AVE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANH DINH

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1314 E LAS OLAS BLVD 1200

\_\_\_\_\_  
Address

FT LAUDERDALE FL 33301

\_\_\_\_\_  
City/State and Zip Code

LAZARODINH@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANH DINH

786 6930231  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

**FILED**

630 SW 13 AVE LLC

2023 JUL 11 PM 1:13

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

CITY OF STATE  
FL

The Articles of Organization for this Limited Liability Company were filed on 07/07/2023 and assigned  
Florida document number L23000322508.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

620 SW 13 AVE LLC

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:

1314 E LAS OLAS BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1200

FT LAUDERDALE FL 33301

Enter new mailing address, if applicable:

SAME

(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:

SAME

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ONE THING WAS CHANGES WAS THE 630 TO 620 ON THE NAME OF THE LLC AS AN ERROR

2023 JUL 11 PM 1:13  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

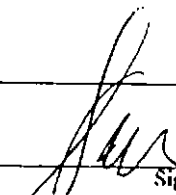
F. Effective date, if other than the date of filing: 7/11/23 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/11 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HANH DINH

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**