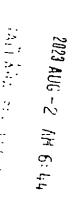
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	•		
SUBJECT: 214 58th St		- TI (12) Z	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	0 1. 1471		
	Scott A. Miller		
		Name of Person	
	314 58th Street, LLC		
		Firm/Company	<del></del>
	8420 Jamestown Dr.		
		Address	<del>-</del>
	White Lake, MI 48386		
	<del></del>	City/State and Zip Code	<del></del>
	sljsitmiller@att.net		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
John J. Giarmarco, Esq.		248 457-7202 at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
	_	□ 655 00 EH F P.	C \$40.00 Ciling Roo
■ \$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	ss:	Street Address:	
Registration	Section	Registration Se	
Division of C		Division of Cor The Centre of T	•
P.O. Box 632	<u> </u>	The Centre of 1	i arranassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO AR

TICLES OF ORGANIZATION		
OF	! L	

214 58th Street, 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  $\frac{7/20/2023}{}$ Florida document number \_\_1.23000344749 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 314 58th Street, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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.

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
			□Add
			□ Remove
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			□Remove
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Signature of a member or authorized representative of a member		
	Dated	$\frac{1 \times 31}{\sqrt{1 \times 10^{-2023}}}$
John V Giarmarco, Authorized Representative		Signature of a member or authorized representative of a member
JOHN P MINIMAND, FARINGHAM INCOMMENTA		John V. Giarmarco, Authorized Representative