L23000386543

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COVER LETTER

TO: Registration Division of C			
SUBJECT: 25300 SV	W 152 Ave, LLC		
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Louis M. Barrios-Balbin		
	-	Name of Person	
	Barrios-Balbin, PA		
		Firm/Company	
	201 Alhambra Circle, Suit	e 500	
		Address	
	Coral Gables, Florida 3313	34	
		City/State and Zip Code	
	louis@barriosbalbinpa.com	to be used for future annual report not	(figation)
For further information	n concerning this matter, please co	-	incuron,
Louis M. Barrios-Balb	oin	at (305) 443-1923	
Name	e of Person		ne Telephone Number
Enclosed is a check for	r the 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)
Mailing Add		Street Address:	ation
Registration Division of	Corporations	Registration Se Division of Co	
P.O. Box 6		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

25300 SW 152 Ave. 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 8/16/2023 _____ and assigned Florida document number 1.23000386543 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 25300 SW 147 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: (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 , Florida _ City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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Tective date, if other than the effective date is listed, the date in this term of the date in this cument's effective date on the	nust be specific and can block does not meet	not be prior to date of the applicable statu	filing or more than 90 tory filing requirer	(optional) I days after filing.) Pursua nents, this date will no	nt to 605.020' t be listed as
ecord specifies a delayed effec	tive date, but not an o	effective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th o	day after the
is filed.					_
is filed.	2	023	_	1/1/	
is filed. ted August 22	<u>2</u>	023/	MM	1////	
		023 <u>/</u> /////	MM		