L23000413638

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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10/10/23--01023--006 **25.00

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COVER LETTER

	gistration Sec vision of Corp			•
eun iven		W 2ND ST LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Rene J Sanchez		
			Name of Person	
		BD 1051 NW 2ND ST LL	С	
			Firm/Company	
		13190 SW 134 ST STE 10	3	
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		Rene@bluedrg.com		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	all:	
Rene J Sanc	hez		305 363-5990 at ()	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 I	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 Statu Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 OCT 10 AM 7: 25

100 1 173F

Zip Code

(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000413638</u>	pany were filed on 09/06/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	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	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new register</u>
agent and or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

New Registered Agent's Signature, if changing Registered Agent:

BD 1051 NW 2ND STILLC

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.

City

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	Alberto Fernandez	814 NW 36TH AVE STE 204 MIAMI, FL 33125	= Add
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			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
		-	□Change
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Effective dat	e, if other than the	date of filing:	opport ha maior	10 due 0 CCV		(optional)	
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d is tiled. Octobe		Signature of h me		rized representat	ive of a member		

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Filing Fee: \$25.00