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COVER LETTER

	Registration S Division of Co			
SUBJEC		V 5 AVE LLC.		
SUBJEC	-I:	Name of Lin	nited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	unitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		LAZARA CASTILLO		
			Name of Person	
		14801 NW 5 AVE LLC		
			Firm/Company	
		8351 SW 4 STREET		
			Address	
		MIAMI FLORIDA 33144		
			City/State and Zip Code	·
		DANNYCRESPO51@YAI	HOO.COM	
		E-mail address: (to be used for future annual report not	lification)
For furth	er information	concerning this matter, please c	all:	
LAZAR	A CASTILLO		786 2317789 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	the following amount:		
■ \$25.6	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 Addre		Street Address:	ection
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 63:		The Centre of	
•	Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14801 NW 5 AVE LLC.		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	oility Company were filed on _09/07/	2023 and assigned
lorida document number <u>L23000417426</u>	·	
This amendment is submitted to amend the follow	ring:	
. If amending name, enter the new name of t	he limited liability company here:	
N/A		~ ~
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicat	ole: N/A	
Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·
		1: 29 1:11 1 ORID
nter new mailing address, if applicable:	<u>N/A</u>	<u> </u>
<u> Aailing address MAY BE A POST OFFICE B</u>	<u></u>	
. If amending the registered agent and/or reg gent and/or the new registered office address	istered office address on our recor here:	ds, enter the name of the new register
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
- -	Enter Florida s	ireet 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
MGR	LUIS O RODRIGUEZ	14619 SW 99 STREET MIAMI FL 33186	■Add
			□Remove
		 	□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
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N/A			
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Effective date, if other than the (If an effective date is listed, the date mu	e date of filing:	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605 0207 (3
Note: If the date inserted in this b	lock does not meet the applicable	statutory filing requirements, this date	will not be listed as th
document's effective date on the [repartment of state's records.		
he record specifies a delayed effecti	ve date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) Th	a 90th day after the
ord is filed.	To diale, the total of both to time,	at 12,01 a,m. on the carrier on (b)	e mai day anci the
Dated MAY 25	· <u>2024</u>		
and of a	'o		
X Trans	Signature of a member or authorize	d representative of a member	
	The second of a manufact of animalical	a representative to a memory	
LAZARÁ CASTILO			

Filing Fee: \$25.00