## L23000513965

(Requestor's Name)
(Address)
(Address)
<b>,</b> ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor				
435 NW 51	ST STREET LLC			
SUBJECT:	Name of Lan	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	STANISLAV IVANOV			
		Name of Person		
		Firm/Company	<u></u>	
	340 SE 3RD STREET, UN			
	<del></del>	Address		
	MIAMI, FLORIDA, UNTI	TED STATES 33131		
	_	City/State and Zip Code		
	MAILBOX2810@GMAIL.			
For further information c	E-mail address. ( concerning this matter, please c	to be used for future annual report not all:	theation)	
STANISLAV IVANOV		646 464-0557		
Name c	of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Se	ection	
Division of C			Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

135 NW 51ST STREET LLC				
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears ( ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on 11/13	/2023	and assigne	d
Florida document number 1.23000513965				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company hero	<u>.</u> :		
135 NW 518T LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
			20	
			<del>2.5</del>	·. ·
Enter new mailing address, if applicable:			<u>.</u>	
•••			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
			PH 72	<del></del>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the nar</u>	• •	gistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			

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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		PH 12: 4
		0
<ul> <li>Note: If the date inserted in this blo</li> </ul>	hate of filing:    11/07/2023	quirements, this date will not be listed as the
the record specifies a delayed ) The 90th day after the reco	effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earlier of:
27 NOVEMBER	. 2023	
Dated	m /	
Dated	ignature of a member or authorized representative of a	member

Filing Fee: \$25.00