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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	60 NW 50 ST LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sonia Becerra		
	 	Name of Person	
	Swyft Filings		
		Firm/Company	···
	3 Greenway Plaza #1320		
		Address	
	Houston, TX 77046		
		City/State and Zip Code	·
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Sonia Becerra		877 777-0450 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address:	
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUMAR 260 NW 50 ST LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2400000194	were filed on 12/21/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
Lumar 261 NW 50 St LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2121 Biscayne Blvd #1452
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137
Enter new mailing address, if applicable:	2121 Biscayne Blvd #1452
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33137
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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			
6	MCP =	Manager	
AMRR = Authorized Member	MON	Manager	
	AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		<u></u>	□Remove
			□Change
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an effective dat lote: If the da	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be list fective date on the Department of State's records.	5.0207 ted as
record specifi I is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
ated	01/16/_2024	
	Signature of a member of a member of hardwine and the state of the sta	
	or Process on a morno Madella transfer of the management of the state	
	Luis Pelaez Typed or printed name of signee	