L2400026162

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/1/2024

NAME: 741 HERNANDO ST LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Solution of Co			
	IANDO ST LLC		
SUBJECT:	Name of Lin	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:	
	TOMAS A. GONZALEZ	. JR ., ESQ.	
		Name of Person	
	TOMAS GONZALEZ LA	.W, P.A.	
		Firm/Company	
	PO BOX 934878		
	· · · · · · · · · · · · · · · · · · ·	Address	
	MARGATE, FLORIDA 3	3093-4878	
		City/State and Zip Code	
	sunbiz@tomasgonzalezlaw		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	· . co
TOMAS GONZALEZ		833 288-7878	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632		The Centre of Ta	
Tallahassee,	rl 52514	2410 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

741 HERNANDO ST LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2024 and a	ssigned
Florida document number L24000026162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:	2701 PONCE DE LEON BLVD	
Principal office address MUST BE A STREET ADDRESS)	MEZZANINE	
	CORAL GABLES FL 33134	
	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		maaist
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	t . Co	ew registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Coa	'e

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>	Address	Type of Action
			□Add
			□Remove
<u></u> .a			
			□Remove
			□Change
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ote: If the date inserted in this block does not meet the	e prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be li	05.020 sted a:
ocument's effective date on the Department of State's re	cords.	
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	tive time, at 12.01 a.m. on the earlier of. (b) The your day ar	ici inc
l is filed.		
	\mathcal{N}	
Inne 28 2021		
ated June 28 2024	or authorized representative of a member	

Filing Fee: \$25.00