L24000033081

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1600 SW 11TH	ST ONE LLC		
Please Debit FC	A000000003 For: 25		
Thank you Seth 1	Neelev		
Stal	7		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
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		:	Dissolution / Withdrawal
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			Cert. Copy
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			Certificate of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	HTH ST ONE LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven Herzberg		
		Name of Person	
	VIII. Law		
		Firm/Company	
	4300 Biscayne Byld Ste. 1	01	
	<u> </u>	Address	
	Miami, FL 33137		
	masvidal.j@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	all:	
Steven Herzberg		305 371-8064	
Name o	of Person		e 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		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	21	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1600 SW 11TH ST ONE LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L. Florida document number 1.24000033087	iability Company	were filed on	24 and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2845 SW 127 Ave	
		Miami F1, 33175	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2845 SW 127 Ave Miami FL 33175	
B. If amending the registered agent and/or agent and/or the new registered office addre Name of New Registered Agent:		address on our records.	enter the name of the new registered
	4300 Biscayne	Blvd Ste 101	
New Registered Office Address:		Enter Florida stree	t address
	Miami		. Florida ³³¹³⁷
		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>	Address	Type of Action
MGR	OSMARA GAMBOA LEYTE,	2845 SW 127 Ave	
		Miami FL 33175	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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Filing Fee: \$25.00