24000054330

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Su	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filling Officer.	

Office Use Only



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ALLAHASSEELILONIO

CT CORP

(850) 656- 4724

3458 lakesore Drive Tailahassee, FL 32312

08/22/2024

D	ate:	08/22/2024	
		Acc#I20160000072	- w: 12W
Name:	620 SW 16	S AVENUE, LLC	
Document #:			
Order #:	15831842		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🕢	Certified Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 55.00	

Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 AUG 22 PM 12: 10

Zip Code

620 SW 16 AVENUE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 01/31/2024	and assigned
Florida document number 1.24000054330		
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	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		_ -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 registered
Name of New Registered Agent:		
New Registered Office Address:	··-	
	Enter Florida street address	
	, Florida	1

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.

City

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>	Name	<u>Address</u>	Type of Action
AMBR	Jessica Reynoso	12230 S.W. 6th Street, Miami, FL 33184	≅ Add
			Remove
			□Change
AMBR	Angela R. Gonzalez	12230 S.W. 6th Street, Miami, FL 33184	■Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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ocument's effect	ive date on the Dep	artment of S	state's record	S,					
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