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## **COVER LETTER**

	on Section f Corporations				
SUBJECT:	Hers chal	STREET,	LLC		
SUBJECT:	1100000		ed Liability Company		
The enclosed Articl	es of Amendment an	d fee(s) are subm	nitted for filing.		
Please return all cor	теspondence conceп	ning this matter to	o the following:		
		Steven	Name of Person		
		Pascino	REAL ESTATE,	سر	
	····	1000 Qu	_	1610	
		miami,	City/State and Zip Cod	<del></del>	
For further informa	S		farcing holding to be used for future anite		on)
Steven	DAVIS		at ( <b>30 5</b> ) Area Code	992.13	327
	lame of Person		Area Code	Daytime Te	lephone Number
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□ \$25.00 Filing I		Filing Fee & cate of Status	\$55.00 Filing Fe Certified Copy (additional copy is of		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	tion Section		Regis	Address: tration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahas	ssee, FL 32314			N. Monroe Si hassee, FL 32	treet, Suite 810 303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TREET, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appear Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03.08 .20	24 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	L STREET,	uc	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			ALL 855
			AX Z
			FIL R 25 RASSI
Enter new mailing address, if applicable:			ind in the second of the seco
(Mailing address MAY BE A POST OFFICE BOX)			S
			RIE F.
B. If amending the registered agent and/or registered office	address on our r	ecords, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
······································	Enter Flo	rida street address	
		, Flor	ida
	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 an effect <u>Note:</u> If	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
If the record : record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
	03.25. 2024
Dated _	
Dated _	_ /// -
Dated _	Signature of a member or authorized representative of a member

. .

Filing Fee: \$25.00