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## **COVER LETTER**

	H ST LLC		
CT:	Name of Lim	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all corresp	undence concerning this matter	to the following:	
	Taylor Newman		
		Name of Person	
	Northwest Registered Age	nt LLC	
	e	Firm/Company	
	7901 4th ST N STE 300		
		Address	
	St. Petersburg, FL 33702		
		City/State and Zip Code	
	<del>-</del> -		nifilmi na)
her information (			mination)
Sanchez Jr		213 700-8343	
Name o	of Person	Area Code Dayti	me Telephone Number
d is a check for t	he following amount:		
.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>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	
•	Division of Co  321 S 17T  CT:  losed Articles of eturn all correspondence of Corresponding Fee  Mailing Fee  Mailing Fee  Mailing Addre Registration Division of Corresponding Fee	Name of Lim  losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter  Taylor Newman  Northwest Registered Age  7901 4th ST N STE 300  St. Petersburg, FL 33702  zehenas.realestate@gmail.c  E-mail address: (  mer information concerning this matter, please concerning this matter, please concerning this matter. Sanchez Jr  Name of Person  d is a check for the following amount:  .00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  Mailing Address:  Registration Section  Division of Corporations	Division of Corporations  321 S 17TH ST LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Taylor Newman  Name of Person  Northwest Registered Agent LLC  Firm/Company  7901 4th ST N STE 300  Address  St. Petersburg, FL 33702  City/State and Zip Code  zehenas.realestate@gmail.com  E-mail address: (to be used for future annual report not act information concerning this matter, please call:  Sanchez Jr  Name of Person  Area Code  Dayti  d is a check for the following amount:  .00 Filing Fee  Street Address:  Registration Section  Street Address:  Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

321 S 17TH ST LLC

2024 JUL 22 AM 11: 33

(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 Liability Company were filed on May 14, 2024 and assigned Florida document number \_\_L24000225200 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ignacio Sanchez Jr	7901 4th ST N Stc 300, St. Petersburg, FL 33702	<b>=</b> Add
			Remove
			□Change
AMBR Esme	Esmeralda Esquivias	7901 4th ST N Ste 300, St. Petersburg, FL 33702	■Add
		<del></del>	□Remove
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	Signature of member or authorized representative of a member

Filing Fee: \$25.00