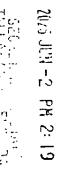
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

	Registration S Division of Co					
OUD IE	616 SW 10	6TH LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		ARIANA RODRIGUEZ				
			Name of Person	<del></del>		
			Firm/Company	<del></del>		
		18520 NW 67TH AVE, SI	UITE 155			
			Address			
		HIALEAH, FL 33015				
		orlandor305@gmail.com	City/State and Zip Code			
For furth	ner information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notifulation	ncation)		
ARIAN.	A RODRIGUE	Z	305 803-3818			
	Name	of Person	at () Area Code Daytime	e Telephone Number		
Enclosed	l is a check for t	the following amount:				
■ \$25.	00 Filing Fee	S30.00 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)		
	Mailing Addre Registration	<del></del> .	Street Address: Registration Sec	ction		
	Division of O P.O. Box 633	Corporations	Division of Cor The Centre of T	porations		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

616 SW 16TH LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	It now appears on our records.) Ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on and assigned
Florida document number 124000441187	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
1360 S MAIN ST LLC	
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	702 17/2
Principal office address MUST BE A STREET ADDRESS)	
	100 AM 1
<del></del>	
Enter new mailing address, if applicable:	1 7
	2
Mailing address MAY BE A POST OFFICE BOX)	
<del>-</del>	
3. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new regist</u> e
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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 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
	<del></del>		□Add
			□Remove
			□Change
			□ <b>Λ</b> dd
			□Remove
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			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

ective	date, if other than the date of filing: (optional)
<u>te:</u> If t	date, if other than the date of filing:
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	5-23-2025 Anni Rohan
	Signature of a member or authorized representative of a member
	ADVANA DODDICUEZ
	ARIANA RODRIGUEZ