## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





(1)/29/24

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17th Street LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L24000442918		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
17 Street LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>(223</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:	······	
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	la
	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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
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		□Remove	
			Change
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			□Remove
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		····	□Add
		<del></del>	□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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រោ efi <u>ote:</u>	ive date, if other than the date of filing:
recor is fi	d 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 led.
ated	10/24/2024
	Signature of a roember or authorized representative of a member
	Signature of a rember or authorized representative of a member
	Jennine Ayala
	Typed or printed name of signee

Filing Fee: \$25.00