

L10000123505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

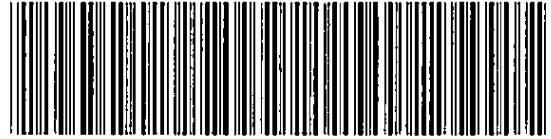
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 16 AM 10:46
SECRETARY OF STATE
TULSA, OKLA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIBLINGS PROPERTIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Schlesinger
Name of Person
Castellon, Laurent & Schlesinger, LLC
Firm/Company
2100 Ponce De Leon Blvd Suite 1110
Address
Coral Gables FL33134
City/State and Zip Code
attorneys@clsmiamilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Schlesinger at (305) 2390229
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
2023 OCT 16 AM 10:16

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIBLINGS PROPERTIES LLC

(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 12/1/2010 and assigned
Florida document number L10000123505

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SECRETARY
T.M. [unclear]
2023 OCT 15 AM 10:46
[unclear]

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:

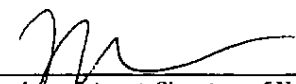
Name of New Registered Agent: Miriam Schlesinger

New Registered Office Address: 2100 Ponce De Leon Blvd Suite 1110
Enter Florida street address

Coral Gables, Florida 33134
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ilan Aliya	1721 SW 4th Court	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Arik Eskol	1721 SW 4th court,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 2020 OCT 6 AM 0:48
 TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 OCT 15 AM 10:46
 SECRETARY OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 12, 2023.

Isok k

Signature of a member or authorized representative of a member

Arik Eshtkol

Typed or printed name of signer