## L21000335504

| (Requestor's Name)                      | _ |
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| (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: |   |
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Office Use Only



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SECRETATION OF STATE

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## **COVER LETTER**

| ction<br>porations   |  |   |
|--|--|---|
| ST LLC   |  |   |
| Name of Lim  | ited Liability Company   |   |
| Amendment and fec(s) are sub   | mitted for filing.   |   |
|  | <del></del>  |   |
| Lior Raviv   |  |   |
|  | Name of Person   |   |
| Name of Limited Liability Company  Incompany  Incompany |  |   |
|  | Firm/Company   | sime Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)   |
| closed Articles of Amendment and fee(s) are submitted for filling.  return all correspondence concerning this matter to the following:  Lior Raviv  Name of Person  Dixie Capital LLC  Finn/Company  420 S. Dixie Hwy  Address  Hallandale Beach, FL, 33009  City/State and Zip Code  ivana@dixiecapital.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Lior Raviv  31 (  Area Code Daytime Telephone Number  at (  Certificate of Status Certified Copy (  additional copy is enclosed)  Mailling Address:  Street Address:  |  |   |
|  | Address  | <del>.</del>  |
| Hallandale Beach, FL, 33   | 3009   |   |
|  | City/State and Zip Code  |   |
| <del>-</del>   |  |   |
|  | ·  | uncanon)  |
| -  | 954 477-7707   |   |
| Name of Person   |  | me Telephone Number   |
| e following amount:  |  |   |
|  | Certified Copy   | Certificate of Status & Certified Copy  |
|  |  | ection  |
| orporations  |  |   |
| 7<br>H 32314   | The Centre of  | Tallahassee<br>oe Street, Suite 810   |
|  | Amendment and fee(s) are sub- indence concerning this matter  Lior Raviv  Dixie Capital LLC  420 S. Dixie Hwy  Hallandale Beach, FL, 33  ivana@dixiecapital.com  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter and the following amount:  \$30,00 Filing Fee & Certificate of Status | Amendment and fee(s) are submitted Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Lior Raviv  Name of Person  Dixie Capital LLC  Finn/Company  420 S. Dixie Hwy  Address  Hallandale Beach, FL, 33009  City/State and Zip Code  ivana@dixiecapital.com  E-mail address: (to be used for future annual report no oncerning this matter, please call:  Raviv  954  Area Code  Dayti  Person  Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  Sircet Address: Registration S  proporations  Division of Co The Centre of |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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128 SW 5 ST LLC

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| (Name of the Limited L<br>(A F  | <mark>ability Company as it now</mark><br>orida Limited Liability Cor   | rappears on our reconpany) Sall         | rds)<br>VETGSV OF STATE                                    |
|---|---|---|--|
|   |   | 7A                                      | NETANY OF STATE<br>LLAHAUSEE, FL                           |
| The Articles of Organization for this Limited Liabil  | ty Company were filed   | on <u>01722/2021</u>                    | and assigned   |
| Florida document numberL21000335504   | ·   |   |  |
| This amendment is submitted to amend the following  | 7.  |   |  |
| A. If amending name, enter the new name of the  | limited liability comp  | any here:                               |  |
| The new name must be distinguishable and contain the words  | Limited Liability Company   | y," the designation "Ll                 | C" or the abbreviation "L.L.C."                            |
| Enter new principal offices address, if applicable  |   |   |  |
| (Principal office address MUST BE A STREET A  | ODRESS)   |   |  |
|   |   |   |  |
|   |   |   |  |
| Enter new mailing address, if applicable:   |   | _                                       |  |
| (Mailing address MAY BE A POST OFFICE BOY   | <u> </u>  |   |  |
|   |   |   |  |
| B. If amending the registered agent and/or regis  |   | ı our records, <u>ente</u>              | er the name of the new registered                          |
| agent and/or the new registered office address he   | <u>re</u> :   |   |  |
| Name of New Registered Agent:   |   |   |  |
| Name of New Registered Agent.   |   |   |  |
| New Registered Office Address:  |   | uter Florida street addi                |  |
|   |   |   |  |
| _   | City  | ·                                       | Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Regis   | •   |   | ·  |
| <br>I hereby accept the appointment as registered ag<br>provisions of all statutes relative to the proper a<br>accept the obligations of my position as registere | ent and agree to act i<br>ad complete performa<br>d agent as provided f | nce of my duties,<br>for in Chapter 602 | and I am familiar with and i. F.S. Or, if this document is |
| being filed to merely reflect a change in the regi-<br>company has been notified in writing of this chai  |   | I hereby confirm (                      | hat the limited liability                                  |

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>   | Address                    | Type of Action |
|--------------|---------------|----------------------------|----------------|
| MGR          | Daniel Azulay | 1845 NE 211 Ter.           | <b>⊠</b> Add   |
|              |               | North Miami Beach FL 33179 | □Remove        |
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| an effective date, if the        | other than the date of fillisted, the date must be specific | mrg;<br>c and cannot be prior | r to date of ti | iling or more th | an 90 days after : | mar)<br>filing.) Pursuant to | 605,0207 (  |
|                                  | nserted in this block does r<br>we date on the Department   |                               |                 | ory filing req   | nirements, this    | date will not be             | listed as t |
|                                  |   |                               |                 |                  |                    |                              |             |
| record specifies a<br>Lis filed. | delayed effective date, but                                 | not an effective t            | ime, at 12;0    | 01 a.m. on the   | e earlier of: (b)  | The 90th day                 | after the   |
|                                  | February 10   | 2022                          |                 | <b>W</b> /       |                    |                              |             |
| aica                             |   | <u> </u>                      |                 | N                |                    |                              |             |
|                                  |   |                               |                 | 7.71             |                    |                              |             |
|                                  |   | of a member or auth           |                 | //\              |                    |                              |             |

Typed or printed name of signee