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TALLAHASSEE, FLORIDA

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COVER LETTER

	gistration Se vision of Cor					
CUDIECT.	OZ-22255 STATE ROAD 60 LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		DOGA MERIC				
			Name of Person			
		OZ-22255 STATE ROAD	60 LLC			
			Firm/Company			
		3075 N.W. SOUTH RIVE	R DRIVE			
			Address			
		MIAMI, FL 33142				
		.	City/State and Zip Code			
		doga.meric@beai.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation c	oncerning this matter, please ca	all:			
DOGA MEI			305 461-2053 x 1	15 E Telephone Number		
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 I	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022

OZ-22255 STATE ROAD 60 LLC		JUL 3
(Name of the Limited I	iability Company as it now appears on our record florida Limited Liability Company)	TILED AHXSEE, F
The Articles of Organization for this Limited Liabi	lity Company were filed on 02/14/2022	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
OZ-VRB-22255 State Road 60 LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Fi	orida
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	□ Add
			Remove
			□ Change
		-	□Add
			□Remove
			□Change
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Effective date, if other than	the date of filing:			(option:	alì	
f an effective date is listed, the date	must be specific and ca	annot be prior to dat	c of filing or more th	an 90 days after fil	ng.) Pursuant	to 605.0207
Note: If the date inserted in the document's effective date on the			statutory ming req	uirements, this di	ite will not	be listed as t
e record specifies a delayed efferd is filed.	ective date, but not ar	n effective time, a	at 12:01 a.m. on the	e earlier of: (b)	The 90th da	y after the
June 21st Dated		2022				
					LV.	202
	(3	<u> </u>			AH YS	14 h Tilr 8205
		·			->	
	Signature of a me	mber or authorized	representative of a r	nember	000	