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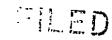
TO:

Registration Section
Division of Corporations

SUBJECT:	Var Stub	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling	
	ndence concerning this matter		
	Berlin	da Demezi	<u> </u>
	1000 Br	Firm/Company	
	1000 Biric	Kell Ave Sta	2715
	Micimi Benlindad E-mail address:	FL 33131 City/State and Zip Code 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ilication)
For further information c	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2623 ATR 18 PM 2: 57 ted 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 _ Florida document number L2360011 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address 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
AMBR	Barling Demour	100 Bridgell are Ste Miami, FL, 33131	718 10Add
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If amending any other information, enter change(s) here: (Attach additional shape)	
<u>Please</u> include the Following	<u> </u>
FIN 92-3144817	
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	023
	SS &
	<u> </u>
	2:57 2:57 STATE
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more tha Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605,0207 (irements, this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed.	earlier of: (b) The 90th day after the
Dated 5/18/23	
Signature of a member or authorized representative of a m	nember
Borlinda Domeziev Typed or printed name of signee	

Filing Fee: \$25.00