Floridal Department of State Division of Corporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002077143)))



H230802077143ABC-

то:				
10:	Division of C	'ornoratione		
		: (850)617-6383		
From:				
	Account Name	: MDGR LAW P.A.		
	Account Number	r : 120230000082		
	Phone	: (754)800-4481		
	Fax Number	•		
*Enter the annual	email address f report mailings	or this business ent. s. Enter only one ema	ity to be us il address	sed for futur please.**
annual ∽ ≪	report mailings	or this business ent s. Enter only one ema xtionhbp@gmail.com	ity to be us	sed for futur
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OF STATE RPORATIONS IT FLORING A WILL OR IN THE PROPERTY OF TH	report mailings konne: Address:	s. Enter only one ema	il address	please.**
OF STATE RPORATIONS FLORIDA TE	report mailings konne: Address: CAMND/REST	s. Enter only one ema xtionhbp@gmail.com	il address	please.**
OF STATE RPORATIONS IT FLORING A BUNUAL	report mailings konnes Address: C AMND/REST	s. Enter only one ema xtionbbp@gmail.com ATE/CORRECT OR M JANITORIAL LL	il address M/MG RE	please.**
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

HelpS. ROBERTS

\$25.00

JUN - 8 2023

From 1.877.233.3839 Thu Jun 8 12:16:39 2023 PDT Page 5 of 6 COVER LETTER

TO:	Registration	Section	Mary.	● . _p
.0.	Division of C		\ \tag{2}	ન .
cunte		NITORIAL LLC		
SUBJECT: 1Nam		Name of L	imited Liability Company	····································
The encl	osed Articles (of Amendment and fee(s) are s	ubmitted for filing.	
Please re	turn all corres	pondence concerning this mate	er to the following:	
		Jeffrey Filiasse		
			Name of Person	
		 _	Firm/Company	
		16711 NE 19th AVENU	E	
			Address	
		North Miami Beach, FL	27167	
		Konnextionbbp@gmail.co	City/State and Zip Code	
			(to be used for future annual report not	fication)
For further	information (concerning this matter, please	call:	
γ	11 6			- 7.0
Demai	delle le	mosthener-lici	SSL at (784.) 236-1 Area Code Daytim	938+ ne Telephone Number
	Name o	if Person	Area Code Daytin	ne Leiepnone Number
~	ا الحما	o fellouis a secondo		
		e following amount:		
■ S25.0 0	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address:		Street Address:	
Reg	istration Se		Registration Se	
	ision of Cor	porations	Division of Cor	
P.O.	. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

Connect with Component

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From 1.877.233.3839 Thu Jun 8 12:16:39 2023 PDT Page 3 of 6

TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	(A Florida Limited	ny as it now appears on ou Limbility Company)	r_records.)
The Articles of Organization for this Limited I Florida document number <u>L06000036391</u>	Liability Company	were filed on 04/06/200	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		16711 NE 19th Avenue	e, North Miami Beach, FL, 33162
(Principal office address MUST BE A STREET ADDRESS)			201
			(4.)
Enter new mailing address, if applicable:		16711 NE 19th Avenue	t, North Miami Beach, FL, 33162
(Mailing address MAY BE A POST OFFICE BOX)			
			(A)
			2
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our records	, enter the name of the new re
Name of New Registered Agent:	Jeffrey Filiasse		
New Registered Office Address:	16711 NE 19th		
		Enser Florida stre	et address
	North Miami B		, Florida ³³¹⁶²
		Ciny	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.

Il Changing Registered Agent, Signature of New Registered Agent

From 1.877.233.3839 Thu Jun 8 12:16:39 2023 PDT Page 4 of 6
If amending Authorized Person(s) authorized to manage, enter the title, name, and augress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jeffrey Filiasse	16711 NE 19th Avenue, North Miami Beach, FL,	3316 ₹ 3 Add
			Петоче
			🗆 Change
MGR	Bernadette Demosthene-Filiasse	16711 NE 19th Avenue, North Miami Beach, FL.	3316 2 ≅Add
			Петоve
			Change
MGR	ADDISON, LUCINDA A	1911 S.W. 148TH WAYMIRAMAR, FL 33027	□Add
			= Remove
			Change
MGR	ADDISON, RICHARD A	1911 S.W. 148TH WAYMIRAMAR, FL 33027	🗆 Add
			≅Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
	·		Change

	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-1111	
	
(If an effective date Note: If the date	if other than the date of filing:
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
Dated	Signature of a member of authorized representative of a member
	Bernadolle C. Demosthone-Filiasse

Filing Fee: \$25.00