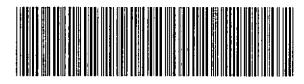
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COVER LETTER

TO: Registration 5 Division of Co			-
	ormans LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	•		•
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	,	Name of Person	
	Law Offices of Isaac Benn		
		Firm/Company	
	10800 Biscayne Boulevare	l, Suite 650	
		Address	
	North Miami, FL 33161		
		City/State and Zip Code	
	gaonlaw@gmail.com		
Har further 'afarmation	concerning this matter, please c	to be used for future annual report notification)	دن .
			ئى ئىرى
Law Offices of Isaac B		305 3978547 at ()	
Name	of Person	Area Code Daytime Telepho	ne Number
read and the discount	AL OH S	:	
Enclosed is a check for	<u>-</u>	Flore an Pill of a Fig.	Aco on with the
■ \$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)
Molling Adduction	2001	Sharand Addding a co	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section	
Division of P.O. Box 63	Córporations 27	Division of Corporation The Centre of Tallahas	
Tallahassee,		2415 N. Monroe Street Tallahassee, FL 32303	. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Lie Florida document number L07000020602	ibility Company	were filed on $\frac{02/22/2007}{}$	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9520 Harding Avenue	3
Principal office address MUST BE A STREET	Suite I		
-	•	Surfside, FL 33154	ව
Enter new mailing address, if applicable:		9520 Harding Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1	
		Surfside, FL 33154	1.1
B. If amending the registered agent and/or re igent and/or the new registered office address	gistered office : s here:	address on our records, <u>s</u>	enter the name of the new regi
Name of New Registered Agent:	Law Offices of	Isaac Benmergui, P.A.	
		Isaac Benmergui, P.A. Boulevard, Suite 650	
Name of New Registered Agent: New Registered Office Address:			ıddress
-		e Boulevard, Suite 650	uddress _, Florida ³³¹⁶¹

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
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	•		□Remove
			Change
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<u>ite:</u> If the da	te inserted in this block does	not meet the applicable sta	itutory filing requirements, th	is date will not be listed as
cument's effe	ective date on the Departmen	t of State's records.		
	es a delayed effective date, bu	nt not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.				9
				· 57
ted	June 12	2023		ं म्
		$\lambda \wedge \lambda \wedge$		9971 (HTT 7/2)
	. Signature	of a member or authorized re	vicesentative of a member	<u>C</u> O
	- Signature	o. cynemocrast addiorized to	Schalive of a member	=======================================
	Ighal Goldfarb			

Filing Fee: \$25.00