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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

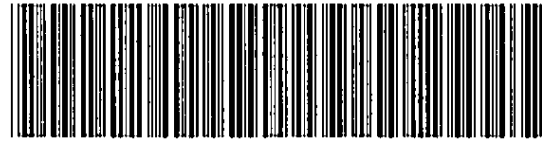
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FILED
MAR 8 2021
TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TELLURIDE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA SHEMTOV

Name of Person

TELLURIDE LLC

Firm/Company

7135 RUE GRANVILLE 4

Address

NORTH BAY VILLAGE FL 33141

City/State and Zip Code

JOSHUA@MIAMISOLD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA SHEMTOV

Name of Person

at (305) 772-6525

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAR -8
FILED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TELLURIDE LLC

(Name of the Limited 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 12/23/2009 and assigned
Florida document number L09000121821.

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 "LLC" 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:

JOHN-JASON MCCARTHY

New Registered Office Address:

345 OCEAN DRIVE, APT 1022

Enter Florida street address

MIAMI BEACH

Florida


City

33139

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIEL GLEIZER	345 OCEAN DRIVE, APT 1025	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GUILLERMO GLEIZER	345 OCEAN DRIVE 1025	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA SHEMTOV	7135 RUE GRANVILLE 4	<input checked="" type="checkbox"/> Add
		NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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MAR 8 4 24 PM
MILWAUKEE COUNTY
CLERK OF CIRCUIT COURT

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2021 MAR -8 A 2:41
FILED
The 90th day after the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 5, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee