## 10000008318

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SECRETARY OF STATE

O SIMMONS APR 2 2 2022

## COVER LETTER

TO: Registration of Division of	on Section f Corporations		
	SAKE LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articl	es of Amendment and feets) are subn	nuted for filing	
Please return all cor	respondence concerning this matter t	o the following	
	GLUCK, BERNARDO		
		Rumb uck	
	<del></del>	Firm/Company	
	19300 North East 23 Ave		
		Address	
	Miami, FL 33180		
	goldyta@gmail.com	City/State and Zip Code	
	fg-mail address (	to be used for future annual report notific	ration)
For further informa	ation concerning this matter, please ca	all:	
GLUCK, BERNA	RDO	305 244-6036 at ()	
	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
€ \$25 00 Filing	Fee S30 00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Divisio P.O. Be	Address: ation Section in of Corporations ox 6327 issee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Sune 810

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION OF 2022 APR -8 AH 6: 26

OF SECRETARY OF STATE

BENISAKE LLC

TALLAHASSEF, FL

(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 v	ere filed on 01/22/2010	and assigned
Florida document number L10000008318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 acagent and/or the new registered office address here:  Name of New Registered Agent	ldress on our records, <u>enter the na</u>	ime of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I ai covided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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
MGR	GLUCK, BERNARDO	AV. PPL. SEBUCAN.	□ Add
	•	EDIF.PORTAL SEBUCAN HA APT SA	<b>≘</b> Remove
		CARACAS. DF VENEZUELA VE	@Change
MGR	GLUCK, GOLDA	19300 N.E. 23RD AVENUE	<b>≣</b> Add
		NORTH MIAMI BEACH, FL 33180	□Remove
			□Remove
			□ Change
			□Remove
			Change
			□ Add
			□Remove
			□ Add
			□Remove
			□ Change

<del></del>		
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Note: If the d	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 d  late inserted in this block does not meet the applicable statutory filing requirement  flective date on the Department of State's records	_ (optional) ays after filing ) Pursuant to 605 0207 ents, this date will not be listed as (
the record specificated is filed	fies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlie	er of (b). The 90th day after the
DatedO	Brasel rucks	
	Signature of a member of authorized representative of a member	
_	Signature of a member of authorized representative of a member	т

Filing Fee: \$25.00