

L12 0000009876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

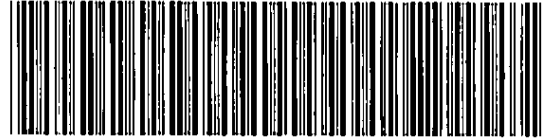
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Octazon Management LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

06/01/2023

Name

Date

Time

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Will Pick Up

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Art of Inc. File _____
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Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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

OCTAZON MANAGEMENT, 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 01/20/2012 and assigned
Florida document number L12000009876.

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:

Orlando R. Cicilia

New Registered Office Address:

10800 Biscayne Blvd, Suite 700

Enter Florida street address

Miami

City

, Florida 33161

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	MARVIN KATZ	1835 NE Miami Gradens Drive, Box#176	<input type="checkbox"/> Add
		North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN MEISTER	1835 NE Miami Gradens Drive, Box#176	<input type="checkbox"/> Add
		North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Meister Financial Group Inc.	1835 NE Miami Gradens Drive, Unit#193	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JS9195, LLC	1835 NE Miami Gradens Drive, Unit#193	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUN 2 AM 9:00
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

2023 JUN -2 AM 9:00

CLERK OF SUPERIOR COURT
JULIA M. SUTHERLAND, CLERK
STATE OF FLORIDA

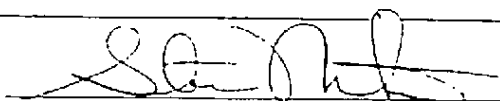
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If 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 record is filed.

Dated June 2, 2023



Signature of a member or authorized representative of a member

STEVEN MEISTER

Typed or printed name of signee