

Florida Department of State  
Division of Corporations  
Electronic Filing Coversheet

L14000152962

**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.

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP  
Account Number : I20140000098  
Phone : (786)372-1391  
Fax Number : (786)762-2589

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ANTARES 2014, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

**RECEIVED**

2023 AUG 18 AM 10:18

FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
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AUG 20 2023

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

No. 0651 P. 3  
H 23 000 2857143

ANTARES 2014 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 10/01/2014 and assigned  
Florida document number L14000152962.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N / A

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:

N / A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N / A

(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:

N / A

New Registered Office Address:

Enter Florida street address

Florida

City

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

H 23 000 2857143

Aug 15, 2023 9:31 PM  
If an authorized person(s) authorized to manage, enter the title, name, and address on No. 0651 or P. 2ng 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>                      |
|--------------|----------------|--------------------|--|
| AMBR         | HENRY CAMACARO | 816 NW 11TH STREET | <input type="checkbox"/> Add               |
|              |                | STE 504            | <input checked="" type="checkbox"/> Remove |
|              |                | MIAMI FL 33136     | <input type="checkbox"/> Change            |
| MGR          | HENRY CAMACARO | 816 NW 11TH STREET | <input checked="" type="checkbox"/> Add    |
|              |                | STE 504            | <input type="checkbox"/> Remove            |
|              |                | MIAMI FL 33136     | <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            |
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|              |                |                    | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |
|              |                |                    | <input type="checkbox"/> Add               |
|              |                |                    | <input type="checkbox"/> Remove            |
|              |                |                    | <input type="checkbox"/> Change            |

A hand-drawn graph on lined paper. The graph consists of a single straight line with a positive slope. The line starts at a point on the vertical axis (y-axis) and extends upwards and to the right. The line is labeled with the letter 'f' at its upper end.

**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 August 16th, 2023

H23000285143