44000177008

(Re	questor's Name)	
=		
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to t	riing Oncer.	

Office Use Only



900397660449

2022 NOV 17 AND: 24 SECRETA CONTROLS

IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW **BAYLEE EXECUTIVE CENTER • SUITE 225** 16375 NORTHEAST 18TH AVENUE NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

November 16, 2022

VIA FEDEX 7705 1195 9275

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

Scandinavian Properties, LLC Ref

Articles of Amendment

Our File No.: 4228.5

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Scandinavian Properties, LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

IRA R. SHAPIRO

IRS/sma

Encl.

b omelanczak 4288 5 103122 1

COVER LETTER

TO: Registration So Division of Cor			
	an Properties. LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ira R. Shapiro		
	·	Name of Person	
	Ira R. Shapiro, P.A.		
		Firm/Company	
	16375 NE 18th Avenue, S	uite 225	20
		Address	2022 NOV SECRETA PRATITION
	North Miami Beach, FL 3.	3162	
		City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please c	all:	11
Ira R. Shapiro		305 944-3936 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCANDINAVIAN PROPERTIES, LLC		
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on November 14, 2014 and assign	ed
lorida document number L14000177008		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C.	
nter new principal offices address. if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
·	1027 T	
	一种	
inter new mailing address, if applicable:		+ <u>+</u> 1
Mailing address MAY BE A POST OFFICE BOX)		:
	71. 10	-
 If amending the registered agent and/or registered office addresgent and/or the new registered office address here: 	ss on our records, enter the name of the new re	giste
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	ity 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 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
·			
			□Remove
			□ Change
AMBR	Maan North LLC, a FL LLC	561 NE 79th Street. Suite 380	■Add
		Miami, FL 33138	□Remove
			□Change
AMBR	Bou Holdings LLC, a FL LLC	561 NE 79th Street, Suite 380	■Add
	·	Miami, FL 33138	□ Remove
			Change Add
			FRemove
			☐ ☐ Change
			□Add
			□Remove
			
			□Add
			□Remove
			□Change

										-	•
_		<u> </u>									-
											-
_		·								_	-
_	-	· ·									-
_											-
											•
_											-
											-
									_।मा ः	2112	-
									28	22 KO	
_									127	-<	
_									 ::-		. : -
_			•						- 17.	<u> </u>	
									:	<u></u>	-
									<u>; ר</u>	*	
											•
											-
ffectiv	ve date, if other t	han the date o	f filing:					(option	al)		
an effe lote:	ective date is listed, the If the date inserted i	date must be spec in this block doe	ific and ca is not med	nnot be price	or to date of icable stati	filing or mo Hory filing	e than 90 da requiremen	ys after fil its - this d	ing.) Pursu ate will n	ant to 60: nt he list	5.0207 red as
	ent's effective date					,					
record	f specifies a delayed	effective date, l	out not an	effective	time, at 1.	2:01 a.m. o	the earlie	r of: (b)	The 90th	day afte	r the
l is file	ed.			C	\rightarrow						
	4 /	,		2022							
harad	Nov.		·	2022	<u> </u>	//					
raccu _						11					
accu_				4 1		1 /					

Typed or printed name of signee