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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor		:	<b>*</b> ₩	*
		ESTMENTS, LLC			
SUBJI	ECT:		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		ROBERT KAHN, ESQ.			
			Name of Person		-
			Firm/Company		_
		4522 SHERIDAN AVE			
			Address		_
		MIAMI BEACH, FL 3314	10		
		robert@goodearthproperty.c	City/State and Zip Code com		_
		E-mail address: (	to be used for future annual report notifi	ication)	
For fur	ther information co	oncerning this matter, please ca	all:		
ROBE	RT BAILEY		954 295-1405 at ()		
	Name of	`Person	at () Area Code Daytime	Telephone Numbe	r
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## AMENDMENT TO ARTICLES OF ORGANIZATION OF

124.9	T IN	JEST	MEN	27	IJ	C

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our Liability Company)	records.)	•	
The Articles of Organization for this Limited Lia Florida document number	and ass	igned			
This amendment is submitted to amend the follow	: :				
A. If amending name, enter the new name of t	;				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation	n "LLC" or th	abbreviation "L.	L.C."
Enter new principal offices address, if applica	ble: ,	14829 NW 7 AVE.	·	70 3	· .
(Principal office address MUST BE A STREET	MIAMI, FL 33168		AMIS LLIAN	Company of the Company	
Enter new mailing address, if applicable:		14829 NW 7 AVE.		NO PH	· ·
(Mailing address MAY BE A POST OFFICE B	OX)	MIAMI, FL 33168		2: 33 5 TATE 1. OR ID	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ecords, <u>ent</u>		of the new
Name of New Registered Agent:	ROBERT BALL	LEY			<u>.</u> .
New Registered Office Address:	14829 NW 7 A	VE.			
	MIAMI	Enter Florida street address Florida		33168	
	<u> </u>	City	, FROITGE	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

## or removed from our records:

MGR = Manager

	······································	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	ROBERT KAHN	4522 SHERIDAN AVE	
		MIAMI BEACH, FL 33140	<b>P D</b>
			□ Change
MGR	ROBERT BAILEY	14829 NW 7 AVE	<b>=</b> Add
		MIAMI, FL 33168	Remove
			Change
MGR	BREIT BAILEY	14829 NW 7 AVE	
		MIAMI, FL 33168	□ Remove
			□ Change
			Add
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