L160000 14388

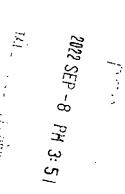
(Requestor's Name)	_
	(Address)	
	(Address)	
	City/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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2022 SEP -8 AM 8: 53 STALLAMASSEF FL



2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
Please use funds from Acct: 120210000160 Authorization Sig:	Amount: <u>25.00</u> L16000074388 Doc. #
_ Walk in	Pick up time
Mail out	Will wait
Photocopy	
	tion
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL()Country	Other

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Solivision of Co					
SUBJECT: 10225 INV	ESTMENTS LLC				
OCOUNT I.	Name of Lir	nited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspondent	ondence concerning this matter	r to the following:			
	Ruanan Gafri				
		Name of Person			
		Firm/Company	• · · · · · · · · · · · · · · · · · · ·		
	20283 State Rd 7 Suite 10				
	Boca Raton FL 33498	Address			
	office(a)hmerent.com	City/State and Zip Code			
For further information of	E-mail address: oncerning this matter, please o	to be used for future annual report not rall:	ification)		
Raanan Gafri		561 2374240			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for it	ne following amount.				
≦ \$25.00 Filing Fee	S30.00 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 Address Registration S		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

10225 INVESTMENTS LLC

OF

2022 SEP -8 AM 8: 53

MENTS LLC

SECTION OF A AM 8: 53

(Name of the Limited Liability Company as it now appears on our records) I. LAHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed	on 04/14/2016	and accional
Florida document number L16000074388			— and avviduon
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	." the designation "LLC" or the abbre	rviation "L.L.C."
Enter new principal offices address, if appl	icable: -		
(Principal office address MUST BE A STRE	ET ADDRESS		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on <u>ess here</u> :	our records, enter the name o	f the new registered
Name of New Registered Agent:	Reanan Gafri		
New Registered Office Address:	20283 State Rd 7 Suite 104-		
	Enter Florida street address		
	Boca Raton	, Florida 33498	
	Ciọ,		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent und 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

Title	<u>Name</u>	Address	Type of Action
MGR	OYCDLLC		T A .I.I
			Remove
		** **	□Change
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			□Remove
			□Change
-			
			□Remove
			TChange
			
			JChange
			□Remove
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xument	t's effective dat	e on the Departm	ent of State's	records.	statutory mi	ng requiremen	iis, ihis dat	e will not	be listed	d as t
ecord sp	•	ed effective date,			t 12:01 a.m.	on the earlier	of: (b) T	he 90th d	ay after	the
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is med.	Aug			- 6-6-	1/2)/2				
is meg.	Aug	- Signan	ire of a member	or authorized	reprisorutiv	e of a member				

Filing Fee: \$25.00