

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L17000003140

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

From:  
Account Name : GILMAN CIOCIA INC.  
Account Number : 120120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

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

Email Address: Tairw@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BAMBOO INVESTMENTS LLC

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

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MAR 19 2020



March 18, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BAMBOO INVESTMENTS LLC  
2875 NE 191 STREET  
SUITE 601  
AVENTURA, FL 33180US

SUBJECT: BAMBOO INVESTMENTS LLC  
REF: L17000003140

We have received your document for BAMBOO INVESTMENTS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

FAX Aud. #: H20000086245  
Letter Number: 620A00005933

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BAMBOO INVESTMENTS 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 01/04/2017

Florida document number 117000003146

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:

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

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>
MGRM	EREZ MILO BENOVICH	2875 NE 191 STR STE 601	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<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"/> Change

2020 MAR 18 PM 11:33

PDF

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

2020 MAR 18 AM 11:33  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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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 CRS 92.07 (5)(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 03/12/2020

DocuSigned by:

Tair Wekselman

Signature of a member or authorized representative of a member

TAIR WEKSELMAN

Typed or printed name of signer