## 117000163981

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## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
	ORD, LLC				
SUBJECT:	Name of Lir	mited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
	Rachael Peters				
		Name of Person			
	EED FJORD, LLC				
		Firm/Company			
	19950 West Country Club Dr., Ste 800				
	Address				
	Aventura, Florida 33180				
	City/State and Zip Code				
	E-mail address: (	to be used for future annual report	notification)		
For further information	concerning this matter, please c	all:			
Rachael Peters		305 924-4054	į.		
Name	of Person		rtime Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BED FJOKD, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Con	mpany were filed on 08/01/2017	and assigned
lorida document number 1.17000163981		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		•
		<del></del>
. If amending the registered agent and/or registered o	office address on our records, enter	r the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
	C	lorida
	City , F1	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>	Address	Type of Action
MGR	Arnaud Sitbon	19950 West Country Club Dr., Ste 800	<b>≣</b> Add
		Aventura, FL 33180	🗀 Remove
			□ Change
MGR	Yannick Ayache	19950 West Country Club Dr., Ste 800	□Add
		Aventura, FL. 33180	■Remove
			□ Change
		<del></del>	□Add
			□Remove
			Change
<del> </del>	<del></del>		□Add
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Effect	ve date, if other than the date of filing: (optional)
it an ett Note:	ve date, if other than the date of filing:
e recor rd is fil	I 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 ed.
	December 17 2024
Dated	·-·-······························
	Signature of a member or authorized representative of a member
	Arnaud Sitbon, President of Member