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R. WHITE JUL 15 23

## **COVER LETTER**

Division of Cor	rporations		
900 SW 2 / SUBJECT:	AVE. LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
	ondence concerning this matter	<u>-</u>	
reame recall an extression	Jesenia Gil	Wille Willy IIIIg.	
		Name of Person	
	Stok Kon + Braverman, P.	A	
	,	Firm/Company	<del></del>
	I EAST BROWARD BLV	/D, SUITE 915	
		Address	<u></u>
	FORT LAUDERDALE, F	L 33301	
	asaf@hgroupintl.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
JESENIA GIL		954 237-1777	
Name e	of Person		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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

900 SW 2 AVE, LLC

(A Florida Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	my were filed on	11/01/2018	and assigned
Florida document number $\frac{1.18000257167}{}$ .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company "th	ve designation "LLC" or the ab	Sprovintion "L. L. C."
	aoung Company, a	ie designation (1.1.c. of the at	(4C) 18(0)( 15.15 C)
Enter new principal offices address, if applicable:		<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)			
		<del></del> .	
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our records, enter	the name of th
Name of New Registered Agent:			
New Registered Office Address:			
	Emer l	Florida street address	
	<u>. —</u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance is provided for it	of my duties, and Lain f n Chapter 605, F.S. Or,	amiliar with ancifthis document

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MRGM	ARAD, DORON		
		MIAMI, FL 33161	■ Remove
			Change
MGR	ARAD, DORÓN ————————————————————————————————————	1411 NE 109TH STREET MIAMI, FL 33161	
			□ Remove
			Change
MGR	ASAF, HORESH	1411 NE 109TH STREET MIAMI, FL 33161	Add
			□ Remove
			Change
MGR	RUBANENKO, DAN	1411 NE 109TH STREET MIAMI, FL 33161	Add
			Remove
			Change
	· 	<u> </u>	Add
			□ Remove
			Change
			Add
			Remove
			Change

-		
	• • • • • • • • • • • • • • • • • • • •	
		<del></del>
<del></del> -		
<u>Note:</u> If the date inserted in this be document's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant be lock does not meet the applicable statutory filing requirements, this date will not be	e listed as
b) The 90th day after the re	ord is filed.	
Dated	2019	
	description of a member of authorized representative of a member	_
ASAF HORESH		
****	Typed or printed name of signee	_

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

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Filing Fee: \$25.00