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COVER LETTER

TO: Registration S Division of Co				
	HANGE OF DANIEL OBERTI	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DANIEL OBERTI		ī Ā.	281
	DANIEL OBERTI WORL	Name of Person D LLC	ר ק ת ת	DEC
			č	
	2250 NE 163RD STREET	Firm/Company	-	A 2 40
		Address		461
	NORTH MIAMI BEACH	FL 33160		
	DANIEL@OBERTICOLL	City/State and Zip Code ECTION.COM		
	E-mail address: (to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c	all:		
VICTOR ALDIN		954 612-4091		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	ANG ADDRESS:	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

were filed on 11/05/2018	and assigned
ility company here:	
lity Company," the designation "LLC	" or the abbreviation "L.L.C."
ADDRESS WILL REMAIN T	چ <u>ت</u> ہے۔
	DEC T
MAILING ADDRESS WILL	
	5
	5 5
ffice address on our record	s, enter the name of the
Enter Florida street addres	S.
, Florida	
•	Zip Code
	ility company here: iity Company," the designation "LLC ADDRESS WILL REMAIN T MAILING ADDRESS WILL! ffice address on our record: e: Enter Florida street address

If Changing Registered Agent, Signature of New Registered Agent

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 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
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
		AAR SO	DRemove Remove
			FLORIDA Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date o	(optional)
te: If the date inserted in this block does not meet the applicable state	tutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	
ed	
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() () () () () ()	presentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00