

L18000202845

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305)961-1450
Fax Number : (305)423-3979

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

Email Address: benami.shai@gmail.com

2023-11-15 PM 2:30

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
200 EAST FLAGLER HIFI ROOM, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

200 EAST FLAGLER HIFI ROOM, 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 11/09/2018 and assigned
Florida document number L18000262845.

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)

_____ 2013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ 2013

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> |
|--------------|-----------------------------|--------------------------|--|
| <u>AMBR</u> | <u>BAR LAB HOLDINGS LLC</u> | <u>3418 NW 7TH AVE</u> | <input type="checkbox"/> Add |
| | | <u>Miami, FL 33127</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>David Sinopoli</u> | <u>212 N. Miami Ave.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Miami, FL 33312</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Meir Shai Ben Ami</u> | <u>151 SE 1 St</u> | <input checked="" type="checkbox"/> Add |
| | | <u>CU-300</u> | <input type="checkbox"/> Remove |
| | | <u>Miami FL 33131</u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
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