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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Cor		ě'	•
SUBJI	BRONZE S	507 EVERGREEN LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		IDO SHATZMAN		
			Name of Person	
		250 SUNNY ISLES BLVE	Firm/Company D#601	
		SUNNY ISLES BEACH, F	Address FL 33160	
		AARKIN@CPATAXACCC	City/State and Zip Code DUNTING.NET	
		E-mail address: (t	to be used for future annual report noti	lication)
For fur	ther information c	oncerning this matter, please ca	all:	
AVIV	ARKIN		917 8438540 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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

BRONZE 507 EVERGREEN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L19000009075	Company were filed on 01/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
BRONZE EVERGREEN LLC		ر ق ، :-
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.C."
Enter new principal offices address, if applicable:		三 第 三 三
Principal office address MUST BE A STREET ADDI	RESS)	- m
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	,	
3. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🗆 Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			
			□ Remove
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			☐ Remove
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Tective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	the date of filing must be specific and is block does not n the Department of S	g: I cannot be prior to neet the applicabl state's records.	late of filing or more e statutory filing re	(optional) than 90 days after filing.) I quirements, this date w	Pursuant to 605.0207 (ill not be listed as t
e record specifies a dela The 90th day after the	yed effective d record is filed.	late, but not a	n effective tim	e, at 12:01 a.m. or	າ the earlier of:
01/14 ated		2019			
<u></u>	10/1				
	OVENUL			member	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00