# L190000 42807

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	<del>:</del> #)		
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(Bu	usiness Entity Nam	ne)		
(Do	ocument Number)			
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## **COVER LETTER**

Div	vision of Co	rporations				
SUBJECT:		MIAMI BEACH, LLC				
300,001.						
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return	all correspo	ondence concerning this matte	r to the following:			
		FRANK R. SARIOL				
			Name of Person			
		THE SARIOL GROUP, I	LLC			
			Firm/Company			
	8200 NW 41ST STREET, SUITE 315					
			Address	<del> </del>		
		DORAL, FLORIDA 3316	66			
			City/State and Zip Code	<u> </u>		
		FSARIOL@ME.COM				
		E-mail address: (	to be used for future annual report notifi	ication)		
For further in	formation co	oncerning this matter, please c	all:			
OSCAR G. E	BETANCOU	JRT	786 636-8649 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 Fi	ling 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:

...

Registration Section

TO:

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

FREDDO MIAMI BEACH, LLC	
( <u>Name of the Limited Liability Corr</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number L19000042807	ny were filed on 02/12/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The state of the s	
The new name must be distinguishable and contain the words "Limited Lia	initity Company, the designation "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	3340 NE 190th St., Apt. 909, AVENTURA FL, 33180
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3340 NE 190th St., Apt. 909, AVENTURA FL, 33 80
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	21

#### 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.

City

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>	<u>Address</u>	<b>Type of Action</b>
MGR	DAMIAN C. RIANO	5900 COLLINS AVE, UNIT 1004	
		MIAMI BEACH, FL 33140	■ Remove
			☐ Change
MGR	NATALIA A. KOCH	3340 NE 190th St., Apt. 909,	■ Add
		AVENTURA FL. 33180	□ Remove
		<del></del>	☐ Change
MGR	NATALIA A. KOCH	5900 COLLINS AVE, UNIT 1707	Add
		MIAMI BEACH, FL 33140	<b>≅</b> Remove
			☐ Change
			🖸 Add
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Note: If the d	late inserted in this l	ust be specific and can block does not meet Department of State	the applicable stat	filing or more than 90 utory filing requirem	(optional) days after filing.) Pursuant ents, this date will not b	to 605.0207 be listed as
	pecifies a delaye day after the re		, but not an ef	fective time, at :	12:01 a.m. on the e	earlier of
OCTO	BER 2ND	20	019			
	1					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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	Registration Se Division of Cor			
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SUBJEC				
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Please ret	um all correspo	ndence concerning this matter	to the following:	
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		<u> </u>	Name of Person	
		THE SARIOL GROUP, L	LC	
			Firm/Company	
		8200 NW 41ST STREET.	SUITE 315	
		<del>.</del>	Address	
		DORAL, FLORIDA 3316	6	
			City/State and Zip Code	
		FSARIOL@ME.COM		<b>.</b>
			to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please co	all:	
OSCAR G. BETANCOURT			786 636-8649 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
□ <b>\$</b> 25.00	) 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Division of Corporations
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2661 Executive Center Circle Tallahassee, FL 32301