L19000160226

(Re	equestor's Name)	
(Ac	idress)	
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(Cir	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



12/04/23--01037--021 **25.00

12/15/23



COVER LETTER

TO: **Registration Section Division of Corporations**

DORBE GARDENS HOLDINGS, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC P. STEIN

Name of Person

Firm/Company

1820 NE 163 STREET #100

Address

NORTH MIAMI BEACH, FL 33162

eric@epslaw.com

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

For further information concerning this matter, please call:

1023 DEC -4 PH 2:4 ERIC P. STEIN 786 248-1000 at (_____ Name of Person Daytime Telephone Number Area Code

Enclosed is a check for the following amount:

S25.00 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

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORBE GARDENS HOLDINGS, 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 $\frac{06/18/2019}{10000160226}$ and assigned

Florida document number L19000160226

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)

Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		СС 2	702	
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B. If amending the registered agent and/or registered	d office address on our records, enter the	name of th	e new I	registered
agent and/or the new registered office address here:		· · · ·	р;	
		<u> </u>	r?:	<u> </u>
Name of New Registered Agent:		-2-	61	
New Registered Office Address:				
	Enter Florida street address			
	, Florid	a		
	City	Zip (Tode	

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 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>	Name	Address	Type of Action
MGR	JACOB M. STEIN	1820 NE 163 STREET, SUITE #100	🖬 Add
		NORTH MIAMI BEACH, FL 33162	🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
		<u>_</u>	Change
			🗆 Add
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			Change
	•		🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🖾 Remove
			Change

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

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H 2:49
VO Nº Y
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 29 2023

Signature of a member or authorized representative of a member

ERIC P. STEIN