L19000188257

(Requestor's Name)	
(Address)	_
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(Address)	
(Cit. (Cit. 47) = (Cit. 20)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	\neg
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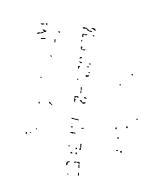
Office Use Only

A. RIVERS
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COVER LETTER

TO: Registration 5 Division of Co	Section orporations		
	ONIC LLC	*	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SIMON NAON		
		Name of Person	
	NAON AND CO LLC		
		Firm/Company	
	331 NE 89TH STREET		
		Address	
	MIAMI, FL 33138		
		City/State and Zip Code	
	SIMON@NAONANDCO. E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
SIMON NAON		(347) 898-6079	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company lorida document number <u>L19000188257</u> .	were filed on 07/22/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	656 NE 191ST ST
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	656 NE 191ST ST MIAMI 33179 UN
Principal office address MUST BE A STREET ADDRESS)	MIAMI 33179 UN

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Thereby 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

ALEX COHEN

656 NE 191ST ST

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	DELFINO, DANIELA	11098 Biscayne Blvd	
		Suite 401-29	≡ Remov e
		Miami, FL 33161	□Change
MGR	COHEN, ALEX	656 NE 191ST ST	□Add
-		MIAMI 33179 UN	-
			■ Change
			□Remove
			□Change
		<u>.</u>	
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			□Change
			□Remove
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			□Change

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Effective date, if other than the Ban effective date is listed, the date mu Note: If the date inserted in this blackment's effective date on the D	ock does not meet the app	licable statutory tili	(option 90 days after than 90 days after the ng requirements, this	onal) (filing.) Pursuant to 605.0207 (date will not be listed as t
ne record specifies a delayed The 90th day after the rec		not an effective	time, at 12:01 a	i.m. on the earlier of:
Dated MAY 24	2023			
	Clevan de Signature of a member or au	ری (که (کر thorized representativ	2 IO re of a member	
	ALEX CO	nted name of sinner	<u> </u>	