## L20 000097285

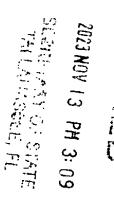
| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nam | e)        |
|                         |                   | •         |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | Certificates      | of Status |
|                         | _                 |           |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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O SIMMONS DEC 17 2028

|  | ROVOKE LLC                                      |  |  |
|--|---|--|--|
| SUBJECT:   | Name of Lim                                     | ited Liability Company   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing.   |  |
| Please return all correspo   | ondence concerning this matter                  | to the following:  |  |
|  | JOSE REYES                                      |  |  |
|  |   | Name of Person   | <del></del>  |
|  |   | Firm/Company   |  |
|  | 7063 NW 113TH PL                                | Address  |  |
|  | DORAL, FL 33178                                 | , todate.  |  |
|  | jose@kingsriverscorp.com                        | City/State and Zip Code  | <del></del>  |
|  | E-mail address: (                               | to be used for future annual report no   | tification)  |
| For further information c  | concerning this matter, please c                | all:   |  |
| Richard Fayad  |   | 786 7739139  | · · · · · · · · · · · · · · · · · · ·  |
| Name o   | of Person                                       | Area Code Dayti  | me Telephone Number  |
| Enclosed is a check for the  | he following amount:                            |  |  |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>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 1 Division of C P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27                   | Street Address:<br>Registration S<br>Division of Co<br>The Centre of<br>2415 N. Monr | orporations  |

Tallahassee, FL 32303

TO:

**Registration Section Division of Corporations** 

## TO ARTICLES OF ORGANIZATION OF

| BINDIE PROVOKE LLC   |  | any as it now appears on our records.) 3: 09   |  |
|--|--|--|--|
| (Name of the Limite  | d Liability Comp:<br>A Florida Limited | Liability Company) SE電影 # テラ   |  |
| The Articles of Organization for this Limited Lia  | ability Company                        | were filed on $\frac{04/06/2020}{04/06/2020}$ where filed on $\frac{04/06/2020}{04/06/2020}$ |  |
| Florida document number L20000097285   | ·                                      |  |  |
| This amendment is submitted to amend the follo   | wing:                                  |  |  |
| A. If amending name, enter the new name of   | the limited liab                       | sility company here:   |  |
| The new name must be distinguishable and contain the wo  | ords "Limited Liabi                    | lity Company," the designation "LLC" or the abbreviation "L.L.C                              |  |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE                       |  | 7063 NW 113TH PL   |  |
|  |  | DORAL, FL 33178  |  |
| Enter new mailing address, if applicable:  |  | 7063 NW 113TH PL   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | DORAL, FL 33178  |  |
| B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent: |  | address on our records, enter the name of the new I  |  |
| New Registered Office Address:   | 7063 NW 1131                           |  |  |
|  |  | Enter Florida street address   |  |

## 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this documbeing 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.

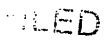
City

DORAL

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member



| <u>Title</u>            | <u>Name</u>        | Address 2023 NOV 13 PM 3: Type of A                |
|-------------------------|--------------------|--|
| AMBR                    | KINGS RIVERS CORP  | 7063 NW H3TH PL, DORWLEEL 33178.  TELLET ASSEE, FL |
|                         |                    | □Remo  |
|                         |                    | Chang  |
| AMBR BINDIE MISSION LLC | BINDIE MISSION LLC | 15065 SW 155TFI TER, MIAMI, FL 33187               |
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|  | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 k does not meet the applicable statutory filing requirements, this date will not be listed   |
| e record specifies a delayed effective ord is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   |
| Dated November 5                                     | . 2020   |
|  | gnature of a member of a member  |
| JOSE REYES   |  |
|  | Typed or printed name of signee  |