

# L20000155171

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the file audit number (shown below) on the top and bottom of all pages of the document.

((H24000281564 3))



H240002815643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC  
Account Number : I20230000144  
Phone : (305)780-5212  
Fax Number : (786)954-3860

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 22 PM 1:16

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRING THEORY ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON  
AUG 22 2024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRING THEORY ENTERPRISES 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 6/8/2020 and assigned  
Florida document number L20000155171.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8940 NE 8th Ave, Unit 1205

Miami, FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8940 NE 8th Ave, Unit 1205

Miami, FL 33138

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

2024 AUG 22 PM 1:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Frank Hornstein	8940 NE 8th Ave. Unit 1205	<input type="checkbox"/> Add
		Miami, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Person	Jennifer Hornstein	8940 NE 8th Ave. Unit 1205	<input type="checkbox"/> Add
		Miami, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
JENNIFER L. HORNSTEIN  
8940 NE 8th Ave. Unit 1205  
Miami, FL 33138

2024 AUG 22 PM 1:16

FILED

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

773

2024 AUG 22 PM 1:16

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/21/2024 \_\_\_\_\_

As/ Frank Hornstein

Signature of a member or authorized representative of a member

Frank Hornstein

Typed or printed name of signee

**Filing Fee: \$25.00**