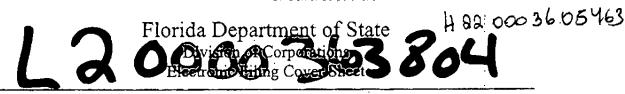
Division of Corporations



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

(((H22000360546 3)))



To:	Division of Corporations		ECRETA INLLA	177 OCT
	Fax Number : (850)617-6383		SW!	3 r
From:	Account Name : SERBER & ASSOC Account Number : I2000000083 Phone : (305)932-6262 Fax Number : (305)933-9393	IATES, P.A.	SECRETARY OF STATE	IL ED
Enter	the email address for this busine ual report mailings. Enter only o	ess entity to be u one email address	sed for future please.	
Ema	il Address: ESTNERSocngrow	O OUTOOK, CAM		
1 <u>+</u> Ema 21- 21-			<u> </u>	
1 <u>+</u> Ema 21- 21-	LC AMND/RESTATE/CORRE	CCT OR M/MG	RESIGN	
1 <u>+</u> Ema 21- 21-		CCT OR M/MG	RESIGN	
Ema On-	LC AMND/RESTATE/CORRE	CCT OR M/MG	RESIGN	
Ema Si	C AMND/RESTATE/CORRE KOINE EIREN	CCT OR M/MG	RESIGN	
Ema Si	C AMND/RESTATE/CORRE KOINE EIREN Certificate of Status	CCT OR M/MG E, LLC	RESIGN	
182 OC : : LI	C AMND/RESTATE/CORRE KOINE EIREN Certificate of Status Certified Copy	ECT OR M/MG E, LLC 0 0		
182 OC : : : LI	C AMND/RESTATE/CORRE KOINE EIREN Certificate of Status Certified Copy Page Count	CCT OR M/MG E, LLC 0 0 0		
1 <u>+</u> Ema 21- 21-	C AMND/RESTATE/CORRE KOINE EIREN Certificate of Status Certified Copy Page Count	CCT OR M/MG E, LLC 0 0 0		

10/20/2022 14:32

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Haa	00036	054	63
يون دي د	- C		رے

KOINE EIRENE, LLC				
(Name of the Limite	ed Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	- :
The Articles of Organization for this Limited Li. Florida document number L20000363804				and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		•
N/A				· 1
The new name must be distinguishable and contain the we	ords 'Limited Lish	oility Company," the designation	on "LLC" or the ab	breviation "LES."
Enter new principal offices address, if applica	able:	N/A		7200 70
(Principal office address MUST BE A STREET	T ADDRESS)			(A) (A) (A)
Enter new mailing address, if applicable:		N/A		OPHIZ:2
(Mailing address MAY BE A POST OFFICE I	BOX)			<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	address on our records	, enter the nam	e of the new registered
Name of New Registered Agent:	N/A			<u>!</u>
New Registered Office Address:				· ·
		Enter Florida stree	et address	:
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent	<u>.</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bearth with the company has been notified in writing the company ha	er and complete tered agent as egistered office	e performance of my du provided for in Chaptel	ties, and I am f r 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

P.003/004

HD2 000 36 57 4 63
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	MASE, SANDRA	3475 SHERIDAN ST SUITE C215	
		HOLLYWOOD, FL 33021	
			Change
MGR	MANGAS, ANDREA	3475 SHERIDAN ST. SUITE 215-C	= Add
		HOLLYWOOD, FL 33021	□Remove
			: Change
			□Add
			□Remove
			∵ □Change
			□Remove
			:
			: □Add
			DRemove
			□ Change
			□Add
			Remove
			Change

P.004/004 H220003605963

N/A			:	
			:	
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	<u> </u>	<u>:</u>	
			· · · · · · · · · · · · · · · · · · ·	
				
			,	
			;	
			<u>:</u>	
			: 	.
			· · ·	
			•	
ffective date, if other than the an effective date is listed, the date moter. If the date inserted in this ocument's effective date on the	iust be specific and cannot be prior t block does not meet the applica	to date of filing or more than 90	days after filing.) Purs	nant to 605.0207 (3)(b) not be listed as the
record specifies a delayed effect is filed.	ive date, but not an effective tir	ne, at 12:01 a.m. on the earl	lier of: (b) The 90th	h day after the
OCTOBER 19TH	2022			
ated	,	_ ,	:	
<i>_</i> ∩∩ <i>1</i>				