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COVER LETTER

Div	ision of Cor	porations			
oun mon		Tov Estate LLC			
SUBJECT:		Name of Lun	ited Liability Company	,	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		RAYMONDE CHARLIEF	₹		
			Name of Person	 I	
		ALLEBAZ LLC			
			Firm/Company		
		3661 W Forge Road			
			Address		
		Davie, FL 33328			
			City/State and Zip C	Tode	
		ray@zabella.com E-mail address: (to be used for future an	nual report notifica	ition)
For further in	aformation c	oncerning this matter, please ca		·	
Raymonde C	Charlier		954 at (
·	Name o	f Person	Area Code) Daytime T	elephone Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing (Certified Cop) (additional copy	у	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
	iling Addres gistration S			et Address: istration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

280 MAZEL TOU ESTATE 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 Compa Florida document number $\frac{1.21000012187}{1.000012187}$.	ny were filed on $\frac{3/31/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
(
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	Ciţy	Zıp 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 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	Raymonde Charlier	3661 W Forge Rd. Davie, FL 33328	□Add
			■Remove
			□Change
MGR	Didier Desrouleaux	2342 SW 132nd Way, Davie, FL 33325	□Add
			■Remove
			□Change
	 		
)			□Remove
,			☐Change
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n effective date is listed, the date mu	ist be specific and ca	annot be prior to	date of filing or r	nore than 90 days a	ptional) fter filing.) Pursuant to 6	05.0207
ite: If the date inserted in this becoment's effective date on the I	llock does not me	et the applicab	de statutory filii	ng requirements,	this date will not be li	sted as i
edition serieure date on the i	repartment of 3ta	te s rectifus.				
			. 12.01	.1 1' 2	(1) 77 ((A) 1)	
ecord specifies a delayed effecti is filed.	ve date, but not ar	a effective tim	c, at 12:01 a.m.	on the earlier of	(b) The 90th day at	ter the
ted APRIL 20		2022				
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		Il Gar	liër.			

Typed or printed name of signee