L210000 3563L

(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Cor			
OKEECHO	DBEE CONDO 202, 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:	
	Jorge S. Kuperman		
		Name of Person	
		Firm/Company	
	137 Girakka Avenue		
		Address	
	Coral Ciables, Florida 3311	34	
	•	City/State and Zip Code	
	j.kuperman@jskarchitectura E-mail address: (algroup.com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	•	·
Jorge S. Kuperman		305 448-1986	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION COLUMN TO A COLUM OF 21 JUN 21 MID: 45

OKEECHOBEE CONDO 202, LLC

(A Flor	rida Limited Liability Company)	corus.)
The Articles of Organization for this Limited Liability Florida document number L21000035636		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
new registered office Address.	Enter Florida street aa	ldress
		, Florida
	Cùy	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added CHECKE BORELES or removed from our records:

MGR = Manager AMBR = Authorized Member 21 JUN 21 MM 10: 45

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jorge S. Kuperman	137 Giralda Avenue	Add
		Coral Gables, Florida 33134	<u>≡</u> Remove
			□Change
MBR Jorge S.Kuperma	Jorge S.Kuperman Revocable Trust	137 Girakla Avenue	≅Add
		Coral Gabies, Florida 33134	□Remove
			□Change
MGR	MGR Jorge S. Kuperman	137 Giralda Avenue	Mbb√
		Coral Gables, Florida 33134	□Remove
			□Change
<u>.</u>			□ Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

). If amondin	a unv other informatic	on, enter change(s) here: (Attach additional sheets, if necessary.)
). II amengin	g any other informatic	21 JUN 21 AH 10: 45
	 .	

(If an effective <u>Note:</u> If the	date inserted in this block	(optional) especific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
the record spectord is filed.	cifies a delayed effective o	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 3	. 2021
_	—\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	An
	Sı	gnature of a member or authorized representative of a member
		Jorge S. Kuperman Typed or printed name of signee

Filing Fee: \$25.00