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COVER LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT:	EQVITY 205 BERLIN, LUC Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	SEBAJDAN A. Coulet Name of Person
	Equiry 305 Bellin, Cla
	20200 W DIXIE HUY SUITE LOOP
	AVENTURA, FL 37180
	AVENTURA, FL 3718w City/State and Zip Code SCOUET & ELQ V: 74 30S. COU E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Sen ASTIA	w A. Ceoluit at (786) 280 - 7818, me of Person Daytime Telephone Number
Enclosed is a check f	or the following amount:
½-\$ 25,00 Filing Fe	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address: 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

(Name of the Limited Liability (A Florida I.	305 6	ERLIN.	LUC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it inited Liability	now appears of o Company)	ur records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 21 0co166646</u>	mpany were fi	led on <u>ARI</u>	1, 9 [±] 20;	2/ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability co	mpany here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Comp	pany." the designat	ion "LLC" or the a	abbreviation, L.L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			20
				-77
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address	on our record	s, <u>enter the</u> nar	ne of the new registere
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre	vet addresss	
		man i in ida sir (
	City		Florida _	Zip Code
Van Dagistanad Agant's Cianatana if also air a Dagistanad				rap (var

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

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
AHBL	KRIBUN, CARLOS	20200 W. Dikie Huy, SVITE 100	P_ □Add
		AUENTUM, Fr 33180	• Remove
			□Change
AMBR	CATURED, SAVIAGO	20200 W JUNE HWY, SUNE	
		1008, AUELINIA, Fr 33180	⊠ Remove
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effective date is lis <u>e:</u> If the date ins		ecific and cannot ses not meet the	be prior to date o applicable sta	of tiling or more th		ial) ling.) Pursuant to 605.02 late will not be listed
ord specifies a d filed.	elayed effective date,	but not an effe	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after th
ed JUNE,	16 49		23			

Filing Fee: \$25.00