

Florida Department of State
 Division of Corporations
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L21000256050

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

From: Account Name : LEOPOLD KORN & LEOPOLD, P.A.
 Account Number : I20010000025
 Phone : (786)899-2235
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LA PERLA 701 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LA PERLA 701 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 06/02/2021 and assigned
Florida document number L21000256050.

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 "L.L.C."

Enter new principal offices address, if applicable: 15901 COLLINS AVENUE
(Principal office address MUST BE A STREET ADDRESS) APT. 2702
SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable: 15901 COLLINS AVENUE
(Mailing address MAY BE A POST OFFICE BOX) APT. 2702
SUNNY ISLES BEACH, FL 33160

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: 15901 COLLINS AVENUE, APT. 2702
Enter Florida street address
SUNNY ISLES BEACH Florida 33160
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

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	AHARON K KOHEN	2072 EAST 19TH STREET	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JOSEPH KOHEN	16699 COLLINS AVE STE 701	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAHMIN KOHEN	16699 COLLINS AVE STE 701	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	AHARON KOHEN	16699 COLLINS AVE STE 701	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" 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

