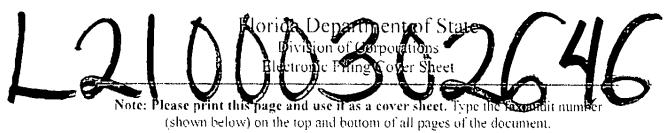
1/5/23, 11 54 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : 120140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL OAKES, LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALL OAKES LLC		
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	·
he Articles of Organization for this Limited Liab lorida document numberL21000302646	- 	06/30/2021	and assigned
his amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here	<u>c</u> :	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the al	observiation "L.L.C."
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	ADDRESS)		<u>;-</u>
		111111	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u></u>		
3. If amending the registered agent and/or regi- gent and/or the new registered office address had not be not registered of the new Registered Agent:	stered office address on our rec	ords, <u>enter the nan</u>	ne of the new register
New Registered Office Address:			
	Enter Florida street address		
-	, Florida		Zin Code
iew Registered Agent's Signature, if changing Regi			Lip Com
hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	gent and agree to act in this ca and complete performance of m red agent as provided for in Ch istered office address. I hereby	y duties, and I am j apter 605, F.S. Or.	familiar with and if this document is
	If Changing Registered Agent	t, Signature of New Re	istered Agent

H230000053973

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

Title	Name	Address	Type of Action
MGR	SERGIO OSCAR CHANTEIRO	2875 NE 191ST, STREET, SUITE 801	🗹 Add
		AVENTURA, FL 33180	□Remove
			Change
			🗀 Add
			Remove
			Change
			2023 JAN
			Remove J
			Li Change
			🗆 🗖 Add 💮
			CIRemove
			DChange
			□Add
		□Remove	
			Change
			[]Add
			□Remove

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cord spe is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
ted	DECEMBER 28TH 2022	
	10C(X2)	
_	Signature of a member or authorized representative of a member	