## 121000311818

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | : #)      |
|                         |                    |           |
| PICK-UP                 | WAIT               | MAIL      |
|                         |                    |           |
| (Bu                     | isiness Entity Nam | ne)       |
|                         | r                  |           |
| (Do                     | cument Number)     |           |
| `                       | ,                  |           |
| Certified Copies        | Certificates       | of Status |
|                         | _ Ocitinoates      | or otatos |
| r <del></del> -         |                    |           |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



200394162252

09/20/22--01003--011 \*\*150.00

## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration S Division of Co   |  |  |                    |  |
|---|--|--|--------------------|--|
| MIAMI 62<br>SUBJECT:  | INVESTMENTS 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:  |                    |  |
|   | Alex Pavlovsky                               |  |                    |  |
|   |  | Name of Person   |                    |  |
|   |  | Firm/Company   |                    | 2022<br>SEC  |
|   | 6767 Colling Ave. Suite 6                    |  |                    | 2022 SEP 20 AM IO: 22 SECRETARY OF STATE TALLAHASSEE, FL |
|   | 6767 Collins Ave- Suite 6                    | Address  |                    | 20<br>HASY<br>HASS                                       |
|   |  | Address  |                    | SSEG E   |
|   | Miami, FL 33141                              |  |                    | . 변화 <b>2</b><br><b>.</b> 연구 .                           |
|   | allin202@gmail.com                           | City/State and Zip Code  |                    | F 72   |
|   | E-mail address: (                            | to be used for future annual report notif                        | ication)           |  |
| For further information of  | concerning this matter, please ca            | all:   |                    |  |
| Alex Pavlovsky  |  | 732 526-5730<br>at ( )   |                    |  |
| Name o  | of Person                                    |  | : Telephone Number | <del></del>  |
| Enclosed is a check for t   | he following amount:                         |  |                    |  |
| \$25,00 Filing Fee  ■ Section 1.15  ■ Section | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified          | te of Status &   |
| Mailing Addre<br>Registration   | Section                                      | Street Address:<br>Registration Sec                              |                    |  |
| Division of C<br>P.O. Box 632   |  | Division of Cor<br>The Centre of T                               |                    |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIAMI 62 INVESTMENTS LLC   |  |   |                              |                |
|--|--|---|------------------------------|----------------|
| (Name of the Limi  | ted Liability Compa<br>(A Florida Limited) | any as it now appears on our Liability Company) | r records.)                  | _              |
| he Articles of Organization for this Limited L<br>lorida document number L21000311818  |  | were filed on                                   | 21 and                       | d assigned     |
| his amendment is submitted to amend the foll   | owing:                                     |   |                              |                |
| . If amending name, enter the new name of  | of the limited liab                        | oility company here:                            |                              |                |
| he new name must be distinguishable and contain the  | words "Limited Liabi                       | lity Company," the designation                  | on "LLC" or the abbreviation | on "L.L.C."    |
| Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  |  | 742 SW 10 St                                    |                              |                |
|  |  | Miami, FL 33130                                 | 138<br>138                   | 2022           |
|  |  |   | L RE                         | <u> </u>       |
| nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  |  | 1360 Clifton Ave                                | ARY UF                       | 20             |
|  |  | Clifton, NJ 07012                               | ្នាល<br>មាន                  | 50             |
|  |  |   | 근종                           | 23             |
| . If amending the registered agent and/or gent and/or the new registered office addre  |  | address on our records                          | , enter the name of the      | e new register |
| Name of New Registered Agent:  | Registered Agents Inc.                     |   |                              |                |
| New Registered Office Address:   | 7901 4th St N                              | STE 300   |                              |                |
| THE RESERVE THE PARTY OF THE PA |  | Enter Florida stree                             |                              |                |
| ·  | St. Petersburg                             | <u> </u>  | , Florida <u>33702</u>       |                |
|  |  | City  | Zip C                        | lode           |

## 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>                           | Type of Action   |
|--------------|----------------|--|--|
| AMBR         | Alex Pavlovsky |  | □Add   |
|              |                | 6767 Collins- 603, Miami Beach, FL 33141 | ⊠ Remove   |
|              |                |  | □ Change   |
|              |                |  | □ Add  |
|              |                |  | □ Remove   |
|              |                |  | □ Change   |
|              |                |  | □Add   |
|              |                |  | SECRETAIN SECRET |
| AMBR         | Harry Weiss    | 1360 Clifton Ave                         | 20 Add   |
|              |                | Clifton, NJ 07012                        | STATE Camove   |
|              |                |  | Change   |
|              |                |  | □Add   |
|              |                |  | □Remove  |
|              |                |  | Change   |
| <del></del>  |                |  | □ Add  |
|              |                |  | □ Remove   |
|              |                |  | □Change  |

|  |                                |                                |                           | <u>.                                    </u> |
|--|--------------------------------|--------------------------------|---------------------------|--|
|  |                                |                                |                           |  |
|  |                                |                                |                           |  |
|  |                                |                                |                           | <del></del>                                  |
|  |                                |                                |                           |  |
|  |                                |                                |                           | <del></del>                                  |
|  |                                |                                |                           | <del></del>                                  |
|  |                                |                                |                           |  |
|  |                                |                                |                           | <del></del>                                  |
|  | · · ·                          |                                |                           | <del></del>                                  |
| <del></del>  |                                |                                | <del> </del>              |  |
|  |                                |                                | 8                         | 20.  |
|  |                                |                                | TALL                      | 22 SE  |
|  |                                |                                | TARKY                     | 77 <u>-</u>                                  |
|  |                                |                                | (A)                       |  |
|  |                                |                                | SEE                       |  |
|  |                                |                                | <u> </u>                  | AM 10: 23                                    |
|  |                                |                                | , m                       | ယ  |
|  |                                |                                |                           |  |
|  |                                |                                |                           | <del>_</del>                                 |
| Effortive data if other than the   | data of Clina                  |                                | (antional)                |  |
| Effective date, if other than the offertive date is listed, the date must  |                                |                                |                           |  |
| Note: If the date inserted in this blo document's effective date on the De |                                | able statutory filing requirer | nents, this date will not | be listed as                                 |
|  |                                |                                |                           |  |
| the record specifies a delayed effective<br>ford is filed.                 | date, but not an effective tir | ne, at 12:01 a.m. on the ear   | lier of: (b) The 90th d   | lay after the                                |
| September 15   | 2022                           |                                |                           |  |
|  | MINI                           | <del> `</del>                  |                           |  |
| (  | My falmy                       | 2                              |                           |  |
| :  | signature of a member (y autho | rized representative of a memb | er                        |  |

Typed or printed name of signee