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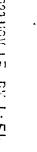
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Office Use Only



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COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: ____ The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan Bentata JOII LLC Firm/Company NG 32ND Address 7 0800 Avantura FL 33180 E-mail address: (to be used for tuture annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25,00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

at ($\frac{78}{\text{Area Code}}$) $\frac{1024101}{\text{Daytime Telephone Number}}$

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

•	oli LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability (Company were filed on	19 / 2021 and assigned	1
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lime $Krece$	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:		2073 4.3	
(Mailing address MAY BE A POST OFFICE BOX)			
Maning dairess MAT BE A FOST OFFICE BOA			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	·	<u>istere</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	
		Florido	
	Ciţv	, Florida 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = Aut	horized Member	A. dalamur		Type of Action
<u>Title</u>	Samuel Gedaly	21.050 NE	38th Are	_ % Add
AMBR	JAMUEL OCCURY	Unit 601		DRemove
		Aventura, FL.	33180	⊜Cµauān
AMBR	Jonathan Bentala	21055 NE		
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated .	September 15, 2023
	Signature of a member of authorized representative of a member
	Jonathan Bentata