h21000362421

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COVER LETTER

Division of Co			
2000 IA P	ropco LLC		
SUBJECT:	Name of Limi	ted Liability Company	
		and the least	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brenda Horton, Paralegal		
-		Name of Person	
	Benesch, Friedlander, Copl	lan and Aronoff, LLP	
•		Finn/Company	
	200 Public Square, Suite 23	300	
		Address	
	Cleveland, Ohio 44114		
	<u></u>	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	di:	
Brenda Horton		352 636-6452	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion

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

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

2000 IA Propco LLC			
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were file	ed on August 12, 2021	and ass	igned
Florida document number L21000362421	of Organization for this Limited Liability Company were filed on August 12, 2021 and assigned ament number L21000362421 ment is submitted to amend the following: ding name, enter the new name of the limited Hability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX; ding the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here: me of New Registered Agent: w Registered Office Address:		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>	2021	
Enter new mailing address, if applicable:		유	
(Mailing address MAY BE A POST OFFICE BOX)			*******
<u> </u>	, ,		<u> </u>
	on our records, enter the name		v řegistere
agent and/or the new registered office address here:		7	•
Name of New Registered Agent:			
New Parietand Office Address			
New Registered Office Address.	Enter Florida street address		
	, Florida		
Cin		Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Aharon Kibel	4014 Chase Avenue, Suite 218	□Add
		Miami Beach, Florida 33140	=Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□ Add
	·		□Remove
			<u> </u>

		Signature of a	a monber or au	thorized repres	sentative of a	member		·	
ited _	November 22		2021 May	 ·					•
is file				time, at 12:0) I a.m. on th	e earlier of: ((b) The 901	th day after	r th
n effec ote: L	we date, if other than the ctive date is listed, the date in lift the date inserted in this lent's effective date on the lift.	ust be specific ar block does not	nd cannot be promeet the app	or to date of fillicable statute	ing or more the ory filing rec	ian 90 days aft	er filing.) Pur	suant to 605 not be liste	.02 : d
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Filing Fee: \$25.00