L21000392933

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COVER LETTER

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SUBJECT: .	THE.	HANDSHAKE.	-BROKER L	L.C
	•	Name of Limi	ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspond	dence concerning this matter	to the following:	
		YOSEF BE	ENAMOV Name of Person	
		THE HANDS	HAKE BROKER Firm/Company	
		1999 NE 1	23RD ST	
		NORTH MIA	MF, FL 331 City/State and Zip Code KFBROXER © 9 to be used for future annual report	×/
		E-mail address: (1	to be used for future annual report	t notification)
For further infor	mation cor	ncerning this matter, please ca	ail:	
_/SE	F Be	EN AMOV Person	at (<u>786</u>) <u>2/</u> Area Code Da	L 5096 Dytime Telephone Number
Enclosed is a ch-	eck for the	following amount:		
\$25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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:
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

THE HAND SHAKE BROKER 21 SEF 23 FH 3: 05

(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 (Florida document number $\angle 21000392933$	Company were filed on <u>99/</u>	02/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designated	ation "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:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	<u> </u>
	Enter Florida st	reet address
	<u> </u>	Florida
	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address 21 SEF 23 F/1 3: 05	Type of Action
<u>AMBR</u>	YOSEF BENAMON	1999 NE 123 RD St NORTH MIANI, FL 33181	LAdd
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, it asi Ci	ive date, if other than the date of filing: 09/19/2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	ent's effective date on the Department of State's records.
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