12/00042/560

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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9/6/24 KX



COVER LETTER

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elib irzer.	MIAMI SU	NSHINE PROPERTY MANA	AGEMENT LLC					
SUBJECT:		Name of Lin	ited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		Pascal Gibert						
			Name of Person					
		Best Options ELC						
			Firm/Company					
		1145 Via Jardin						
			Address					
		West Palm Beach, FL 334	18					
			City/State and Zip Code					
		pgibert@bestoptionsllc.com		tion)				
		E-mail address: (to be used for future annual report notification)					
For further in	nformation co	oncerning this matter, please c	alt:					
Pascal Giber	rl		561 214-2328 at()					
	Name of	Person	Area Code Daytime Telephone	Number				
Enclosed is a	a check for th	e following amount:						
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, fertificate of Status & ertified Copy dditional copy is enclosed)				
Reg Div P.C	iling Address gistration S vision of Co). Box 632 lahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	e				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI SUNSHINE PROPERTY MANAGEMENT LLC

(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 Company were filed on $\frac{09/24/2021}{}$ _____ and assigned Florida document number L21000421560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 3 company has been notified in writing of this change. \Box 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	LEONEL HARARI	9824 GRAND VERGE WAY	
		APT 903	■Remove
		BOCA RATON, FL 33428 US	
			□Add
			□Remove
			□Change
			□Add
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			□ √ d d
			□ Remove

UNEL HARARI IS NO LUI	NGUER A MEMBER AND F	IAS 0% OWNERSHI	P AS OF NOVEMB	ER 2023
				
				
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w-p				
				
ective date, if other than the	date of filing:		(optional)	
ective date, if other than the effective date is listed, the date muster. If the date inserted in this bl	st be specific and cannot be prior t	o date of filing or more thible statutory filing req	an 90 days after filing.)	Pursuant to 605.02 will not be listed
ument's effective date on the D	epartment of State's records.	, , ,		
and a second of the second	1. 1	. 12.01	1' C ()	
cord specifies a delayed effectiv s filed.	e date, but not an effective tir	ne, at 12:01 a.m. on th	e earmer of: (b) In	2 90th day after th
22nd of AUGUST	2024			
ed	2024	_ ·		12
				2024 SEF

Filing Fee: \$25.00