121000466523

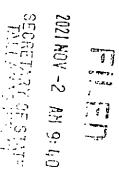
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(Address)			
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EJ 248 419 415 US

TO:

Registration Section Division of Corporations

|--|

MX SHOR SUBJECT:	ES, LLC		
30b3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID VOGEL		
		Name of Person	
	VOGEL LAW FIRM PLL	С	
		Firm/Company	
	6966 GRIFFIN RD		
		Address	
	DAVIE, FL 33314		
		City/State and Zip Code	
	DAVID@LAWOFDAVID		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
DAVID VOGEL		305 682-4999 at ()_	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 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

I'm an in

MX SHORES, LLC

2021 HOY -2 AM 9: 40

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on clability Company)	Dur records RETARY OF SELECT
The Articles of Organization for this Limited Liability Company of Florida document number 121000466523		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our record	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my c rovided for in Chap	luties, and I am familiar with and ter 605. F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Elke Miriam Zagorin de Fridman	1087 Cemetery Ln	
		Aspen, CO 81611	Remove
			□Change
			□Add
			□ Remove
			□ Change
	-		□Add
			Remove
			□Change
		□ Remove	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change

			
			
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F. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ust be specific and cannot be prior block does not meet the applic		otional) Her filing.) Pursuant to 605,0207 (3)(b) This date will not be listed as the
If the record specifies a delayed effective record is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
October 29	2021		
Duted		The state of the s	

Typed or printed name of signee