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SECRETARY OF STATE
TALL ANA SSEE, FL

COVER LETTER

Division of Cor					
	Estate Investments, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	Elan Baret				
	-	Name of Person			
	Baret Law Group				
Firm Company					
	3999 Sheridan Street			,, 2	
		Address		022 C	ودراءه
	Hollywood, FL 33021			2022 OCT 25 SECRETAR TALLAHA	enter at List
		City/State and Zip Code	 	RY OF	
	elan@baretlawgroup.com			SES ES	
For further information c	n-mail address, (oncerning this matter, please e	to be used for future annual report notif all:	ication)	PH 4: 49 Y OF STATE VSSEE, FL	
Elan Baret, Esq.		954 486-9966			
Name o	f Person		: 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)	Certified	e of Status &	
Mailing Address Registration 9	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	.7	Division of Corp The Centre of T	allahassee		
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Offek Real Estate Investments, 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 $\frac{11/21/2021}{}$ and assigned Florida document number <u>L21000495512</u> 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 , Florida

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
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		Aventura, FL 33180	■Remove
			Change
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Effect	ive date, if other than the date of filing:	ıl)		
Note:	fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing from the filing requirements, this date of service date on the Department of State's records.	ng.) Pursuant ite will not l	e listec	l as tl
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th da	v after i	the
	tess.			
ord is fi	11/11/10/6			
ord is fi	11/11/10(L			
ord is fi	Signature of a member or authorized representative of a member			

Filing Fee: \$25.00