## h22000067130

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	





200383288432

03/11/22--01015--001 \*\*25.00

2022 HAR 11 PM 2: 13 SECRETABY OF STATE TAN AND SEE, FL

A. BUTLER MAR 2 3 2022

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	CE SHORE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amr Alian		
		Name of Person	
	<del> </del>	Firm/Company	_ <del></del>
		Address	
	1939 Roland Clarke Pl Sui	te 350	
	Reston, VA 20191	City/State and Zip Code	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	itification)
Amr Alian		202 550 6732	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI VICE SHORE LLC

2022 MAR 11 PM 2: 13

	IALLA	1111.
The Articles of Organization for this Limited Liability Com- Florida document number L22000067130		erds.) OF STATE HASSEE, FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
P		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, en	ter the name of the new regis
agent and/or the new registered office address here:		
Name of Nam Designand Assets		
Name of New Registered Agent:		
New Registered Office Address:	C	
	Enter Florida street add	aress
		Florida 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.

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	BARAKAT, HISHAM	11688 HEINZ CT OAKTON, VA 22124	□Add
			= Remove
			Change
MGR	MIKHAIL, RAYMOND	13951 LEETON CIRCLE CHANTILLY, VA 20151	∃Ađd
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
		-	🗆 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		1	□Change

	<del></del>
-	
_	
-	
•	
-	
•	
-	
-	
-	
`an ef	tive date, if other than the date of filing:
ocun	
ocun recoi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
locun	02/17/2022 /

Filing Fee: \$25.00