Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MG WALDHORN, L.L.C.

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COVER LETTER

| | Registration Se Division of Cor | | * | |
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| | | OHORN, L.L.C. | | |
| SUBJEC | ÇT: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| ٠ | | SADEH, MICHAL | | |
| | | | Name of Person | |
| | | MG WALDHORN, L.L.C | | |
| | | | Firm/Company | |
| | | 8080 Tatum Waterway Dri | ive, Unit 6 | |
| | | | Address | |
| | | Miami Beach, FL 33141 | | |
| | | | City/State and Zip Code | |
| | | michalyusa@gmail.com | to be used for future annual report | notification |
| For furth | her information o | concerning this matter, please of | | 3 0 |
| SADE | H, MICHAL | • | 305 713-294 | |
| | Name o | f Person | Area Code Da | ytime Telephone Number |
| Enclose | d is a check for t | he following amount: | | |
| ■ \$25 | .00 Filing Fee | S30.00 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 Addres | | Street Addres | |
| | Registration Division of C | | Registration Division of | Corporations |
| | P.O. Box 633 | | | of Tallahassee |

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG WALDHORN, L.L.C. (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 $\frac{03/30/2022}{1}$ and assigned Florida document number L22000154409 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 "L.L.C." 8080 Tatum Waterway Drive, Unit 6 Enter new principal offices address, if applicable: Miami Beach, FL 33141 (Principal office address MUST BE A STREET ADDRESS) 8080 Tatum Waterway Drive, Unit 6 nter new mailing address, if applicable: Miami Beach, FL 33141 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 specific 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 scampany has been notified in writing of this change.

Miami Beach

8080 Tatum Waterway Drive, Unit 6

City

If Changing Registered Agent, Signature of New Registered Agent

Enser Florida street address

Florida _33141

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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 | SADEH, MICHAL | 8080 Tatum Waterway Drive, Unit 6 | □Add |
| | | Miami Beach, FL 33141 | □Remove |
| | | | ■ Change |
| AMBR | WALDHORN, GERHARD IACO | 427 GOLDEN ISLES DRIVE, STE 16E | |
| | | HALLANDALE, FL 33009 | Remove |
| Marie de la companya | | | □ Change |
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| (If an effect <u>Note:</u> If | date, if other than the five date is listed, the date muthe date inserted in this but seffective date on the D | st be specific and lock does not n | i cannot be prior to d neet the applicable | ate of filing or more than 90 statutory filing requirer | (optional) days after filing.) Pursuan dents, this date will not | t to 605.0207 (3) be listed as the |
| (If an effect <u>Note:</u> If documen | ive date is listed, the date mu the date inserted in this b t's effective date on the D pecifies a delayed effective | st be specific and lock does not no epartment of 5 | I cannot be prior to deneet the applicable state's records. | statutory filing requirer | days after filing.) Pursuan dents, this date will not | be listed as t |

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