## L22000 174677

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S ROBERTS
JUN 2 2 2023

## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jarett Fein		
		Name of Person	<u> </u>
		Firm/Company	·
	1691 Michigan Ave, Suite	445	
		Address	_
	Miami Beach, FL 33139		
		City/State and Zip Code	
	jfein@kvnational.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Jarett Fein		917 612-7325	
Name of Person		at () Area Code Daytii	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address		Street Address:	
Registration S  Division of C		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Comnany				
(A Florida Limited Lia	bility Company)	1		
he Articles of Organization for this Limited Liability Company were filed on 04/27/2022 lorida document number L22000174677				
owing:				
f the limited liabili	ty company here:			
ords "Limited Liability	Company." the designation "LLC"	or the abbreviation "L.L.C."		
able:	·			
T ADDRESS)		023		
<u> </u>		F :		
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		इंद्र		
ROV)	NP 1	2:		
<u>BOA)</u>				
		<u></u>		
	ldress on our records, <u>enter t</u>	he name of the new regist		
Jarett Fein				
	Enter Florida street address			
	, Flo	rida Zip Code		
1	iability Company wowing:  f the limited liability rable:  TADDRESS)  BOX)  registered office ad ss here:	owing:  f the limited liability company here:  words "Limited Liability Company," the designation "LLC"  rable:  ET ADDRESS)  BOX)  registered office address on our records, enter to see here:  Jarett Fein  Enter Florida street address		

## New Registered Agent's Signature, if changing Registered Agent:

ICC CADITAL CROSSOLIC

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
AMBR	Jarett Fein	1691 Michigan Ave	
		Suite 445	≣Remove
		Miami Beach, FL 33139	
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□ Change
			□Remove
			□Change
		<del></del>	□Add
			□Remove

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ective date, if other tha ceffective date is listed, the da	n the date of filing:	prior to date of filing or r	(option: nore than 90 days after fili	al) ng.) Pursuant to 605.020'
te: If the date inserted in t	his block does not meet the a the Department of State's rec	pplicable statutory filir	ng requirements, this da	ate will not be listed as
ament's crective date on	the Department of State 8 rec	orus.		
pard enocifies a datawad at	Fective date, but not an effect	directions at 12:01 a.m.	on the continues (14)	The oost days 6 and
s filed.		ave time, at 12.01 a.m.	on the eartier of; (b)	The 90th day after the
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l	11 4-11 20	<u> 23</u> .		
ed				
ca	H			

Typed or printed name of signee