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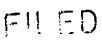
TO:

Registration Section Division of Corporations

GORIN EN SUBJECT:	STERPRISES LLC			
NODJECT.	Name of Lin	ited Liability Company	- , 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Alan Reinfeld			
		Name of Person		
	Reinfeld & Cabrera, P.A.			
		Firm/Company		
	10235 W. Sample Rd. Suite 207 Address			
	Coral Springs, F1, 33065 City State and Zip Code			
	E-mail address: (to be used for future annual report not	itication)	
For further information c	oncerning this matter, please c	all;		
Alan Reinfeld		954 334-1520		
Name o	f Person	at () Area Code Daytin	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor	rporations	
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee se Street Suite \$10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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2022 JUN 27 AM 11: 10

GORIN ENTERPRISES ELC

PRISES LLC

(Name of the Limited Liability Company as it now appears on our recognic AHASSLE)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2022 and assigned Florida document number 1.22000196698

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.

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 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>	Name	Address	Type of Action
AMBR	Michell Eger Gorin	2508 NW 89 DR # 2508	≣ Add
		CORAL SPRINGS, FL 33065	
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			□Remove
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an eff <u>iote:</u>	tive date, if other than the date of filing:
recor Lis fil	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 d.
ated	une 15 2022
	1) 01/0 ()
	Signature of a member of a member

Filing Fee: \$25.00