Florida Department of State Division of Comorations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000390036 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		- :- :=	2
	Division of Corporations	المقدا سدا	AON
	Fax Number : (850)617-6383	会影	15
From:		SS.	_ •
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	فبد فيدر	AH
	Account Number : I20000000019	tu co	
	Phone : (305)552-5973	TI	7:
	Fax Number : (305)675-5944	J.Y.E	91
	nter the email address for this business entity to be used for	. Gutuna	

Email Address:___

က်

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OS8023 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. BRUMBLEY Electronic Filing Menu Corporate Filing Menu NOV 17 2022

Help

20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS8023 LLC (Name of the Limited Liability (A Florida L The Articles of Organization for this Limited Liability Cor Florida document number L22000208427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limite	mpany were	e filed on OSK company her	02/2022	SS.	22 NOV 15 APT 7: 46	
The Articles of Organization for this Limited Liability Cor Florida document number L22000208427 This amendment is submitted to amend the following:	mpany were	e filed on OSK company her	02/2022	SS.	And States	ned
Florida document number L22000208427 This amendment is submitted to amend the following:	ed Hability (company her		တ်က	ind -Elsi g ':-' 	
•			<u>re</u> :	· 🖷		
A. If amending name, enter the new name of the limite			<u>re</u> :			
	d Lisbillty Co					
The new name must be distinguishable and contain the words 'Limite		ubmà" ne te	signation "LLC"	or the abbrevia	tion "LL(<u></u>
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	<u> </u>	·				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·					
B. If amending the registered agent and/or registered of another and/or the new resistered office address here:	Ifice addre	35 on our rec	cords, <u>enter t</u> l	ne rame of t	he new r	egistered
Name of New Registered Agent: Stephanic	e Arenas		·			
New Registered Office Address: 2300 W 8	84 St., Sto 40	06				
		Enter Florid	la street address			
Hisleah			Flor	ida 33016	 	
	C	Z _{(y}		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. ()r, 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

Title	Name	Address	Type of Action
AMBR	Stephanie Mehrpour	2300 W 84 St Ste 406	
		Hialcah, FL 33016	BRennove
			☐ Change
AMBR	Stephanie Arenas	2300 W 84 St Sto 406	
		Hinleah, FL 33016	□Remove
AMBR	Juan G Vasquez Solorzano	2300 W 84 St Ste 406	Change
		Hislanh, FL 33016	
			■Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	CRemove
		 	Change
			□Add
		· .	Change
			□Add
	•		Remove
			Change

							
				·			
	· · · · · · · · · · · · · · · · · · ·						
							
·····	-						
		·		·			
	······································					 -	
,					 -		
		· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,			
4							
							
							
				······································			
4/		 _	 				 -
							
ffective date, if other an effective date is list into the date insective date insective	rted in this block d	loes not meet th	ie applicable	statutory filing	requirements, t	itions:i) ter filty,) Pursuen his date will not	l to 605.020 be listed a
record specifies a de is filed.	layed effective dat	e, but not an c fl	fective time,	at 12:01 a.m. c	n the earlier of:	(b) 'The 90th de	ry after th
ated November 100	Jahren Jahren) 202					
<u>_Y</u>	Sign	ture of a membe		P. 1	Ta me-ki-		