

12/17/2024 10:02

(FAX)

P.001/004

12/17/24, 9:34 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000413796 3

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To:

Division of Corporations
Fax Number : (350)617-6383

From:

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Account Number : 120000000083
Phone : (305)932-6262
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EUREKA 2022 LLC

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K. SALY

DEC 18 2024

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EUREKA 2022 LLC

(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 07/18/2022 and assigned
Florida document number L22000316460.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2875 NE 191 ST, Suite 901

(Principal office address MUST BE A STREET ADDRESS)

Aventura, Florida 33180

Enter new mailing address, if applicable:

2875 NE 191 ST, Suite 901

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, Florida 33180

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

Florida

C:n'

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 603, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lorenzini-Teperman, Leopoldo	322 LAKE CREST CT WESTON, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lorenzini-Teperman, Leopoldo	2875 NE 191 ST, Suite 901 Aventura, Florida 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Lorenzini-Gavilan, Leopoldo	322 LAKE CREST CT WESTON, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lorenzini-Gavilan, Leopoldo	2875 NE 191 ST, Suite 901 Aventura, Florida 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Lorenzini-Gavilan, Juan P.	322 LAKE CREST CT WESTON, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lorenzini-Gavilan, Juan P.	2875 NE 191 ST, Suite 901 Aventura, Florida 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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P.004/004

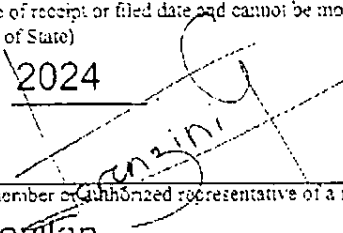
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 5th, 2024



Signature of a member or authorized representative of a member

Leopoldo Lorenzini Gavilan

Typed or printed name of signer

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