## L22 000 317 486

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SECRETARY OF STATE TALLAHASSEE, FL



## **COVER LETTER**

	Registration Division of C			
CED III	~***	CND, LLC		
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Shmuel Goldstein		
			Name of Person	
			Firm/Company	
		16740 NE 9th Ave APT, 5	509	
			Address	
		North Miami Beach, FL 3.	3162	
			City/State and Zip Code	<del></del>
		Omri Baniel <omribaniel@< td=""><td>-</td><td></td></omribaniel@<>	-	
For furth	er informatio	E-mail address: ( n concerning this matter, please c	to be used for future annual repall:	ort notification)
Shmuel	Goldstein		305 725-79 at ()	
	Nam	e of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check fo	r the following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add		<u>Street Addr</u> Registratio	
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
	P.O. Box 6			e of Tallahassee
	Tallahassec	e, FL 32314	2415 N. N	Ionroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNET CND, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{L22000317486}{}$ .	ere filed on July 18, 2022 and as	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I.1.C" or the abbreviation "	lC."
Enter new principal offices address, if applicable:		<del></del>
(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 adagent and/or the new registered office address here:		2022 SEP 21 AM VI: 5 tele
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Florida	
	, Florida City Zip Code	,
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar w ovided for in Chapter 605, F.S. Or, if this doc	ith and rument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shmuel Goldstein	16740 NE 9th Ave APT 509, North Miami Beach, F	
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
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·			□Add
			□Remove
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note: If the	date, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Au	gust 22, 2022
	Signature of a member or authorized representative of a member
	Omri Baniel
	Typed or printed name of signee

Filing Fee: \$25.00