L22000363006

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COVER LETTER

TO: Regisfration S Division of Co		1.	d .w.
10228 LLC			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Arlene B Botton		
		Name of Person	
		Firm/Company	
	11125 SW 108th CT	=	
		Address	
	Miami, FL 33176		
	-	City/State and Zip Code	F.)
	arlene.b.botton@hotmail.co	om	المسلمة مراجعة
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	6
Arlene B Botton		305 323-3542 at ()	=====================================
Name (of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	the following amount:		
■ S25.00 Filing Fec	☐ \$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 Addre		Street Address:	
Registration Section		Registration S	
Division of C P.O. Box 633		Division of Co The Centre of	
F.O. Dux 03. Tallahassee			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10228 LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on August 17, 2022 and assigned
Florida document number L22000363006	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	سين ند:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Let
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
City	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. 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Orlando I Botton	11125 SW 108th CT , Miami FL 33176	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			T_Change
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