## L22000431954

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## **COVER LETTER**

Division of Cor			
One Zero R	lealty LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yanina Rojkes		
		Name of Person	
	One Zero Realty		
		Firm/Company	
	Po Box 800639		
		Address	
	Aventura FL 33280		
		City/State and Zip Code	
	yanina@frostpm.com  E-mail address; (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
Yanina Rojkes		786 797-0684 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sec	ction
Registration		D C.C.	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ONE ZERO REALTY LLC

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( <u>Name of the Lim</u>	(A Florida Limited I	invas it now appears on our rece liability Company)	TALL AHASSES, FL	
The Articles of Organization for this Limited I Florida document number 1.22000431954	Liability Company	were filed on 10/06/2022	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "I.	.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>ent</u>	ler the name of the new registere	
Name of New Registered Agent:	MARCELO D	ALMAN		
New Registered Office Address:	ress: 520 NW 165TH STREET RD SUITE 101			
	Enter Florida street address			
	MIAMI		Florida 33169	
		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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FROST, CARLOS F	520 NW 165TH STREET RD SUITE 101	□ Add
		MIAMI, FL 33169	<b>≡</b> Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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record specifies a delay Lis filed.	ved effective date.	but not an effective	time, at 12:01 a.m	on the earlier of: (h	) The 90th day	after the
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pated OCTOBER 24		2022) MM	 //kl			
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<del></del>	Signait	rremarantennoer or au	nacjizeu jepresemany	e of a member		