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COVER LETTER

Division of Cor	porations		
SURJECT. Joyc	e and Tomms	rs Ohana Tean	· L.L.C.
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joyce B	partels Daal	
		Name of Ferson	
	Ohana L	uxury Real Est	tate_
		t ith/Company	
	8990 Son	th Hollybrook	Blvo., # 104
	Pembroke	Pines, FL City/State and Zip Code	33025
		City/state and Zip Code OHANA LUX. CON to be used for future annual report notif	
For further information c	oncerning this matter, please ca		
Joyce	Bortels Daa	1 at 95% 66	3-2900
Tom A	Michalak	1 at (<u>954</u> 66) Area Code Daytime (954) 684	Telephone Number '-098/
Enclosed is a check for th			: ·
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. 17 Certificate of Status &. Certified Copy (additional copy is enclosed)

:OT,

Registration Section

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

Street Address: 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

Joyce and Tommys (Name of the Limited Liability Compa (A Florida Limited I	Ohana Team LL.C.
	,
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L220004907}$	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Chana International & The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15800 Pines Blvo. Suite 300-3145 Pembroke Pines, FL 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8990 South Hollybrook Blvo. Suite 104 Pembroke Pines, Florina 7502.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 15 8 0 0	OF BARTELS DAAL PINES BLUD SUITE 300-3/45 Enter Florida street address
p EmB	RONE PINGS. Florida 33027
New Registered Agent's Signature, if changing Registered Agent:	
I have be assent the appointment as parietared agent and care	in to get in this congestive I finisher cores to comply with the

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 Type of Action Name Address Title AP Thomas P. Michalak 2805 Egret Way DANGE Cooper City, Florion 33026 _____ □Add _____ □Remove _____ □Change ______ □Change ______ □Remove

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ote:	ive date, if other than the date of filing:
recore is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _.	11/4/2024 2024 - Froman P. Mchilato
	Signature of a member or authorized representative of a member
	Thomas P. Michalak Typed or printed name of signee