## L23 000 019 199

(Requ	uestor's Name)	_
(Adda	ess)	
(Addr	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



600429065236

05/02/24--01033--003 \*\*120.00

## **COVER LETTER**

TO: Registration : Division of C		٠ .	، سرا د	**
LER CBI	OP LLC			
	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are sub condence concerning this matter			
	Adam Bergman			
		Name of Person		_
•	IRA Financial Company			
		Firm/Company		_
	5109 S Broadband Ln			
	<del></del>	Address		-
	Sioux Falls, SD 57108			
		City/State and Zip Code		رسم -
	LLC@IRAFINANCIALGI			
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report noti	tication)	
	concerning this matter, prease c			, S.
Adam Bergman	40	at () 472-1043	71.1	<u> </u>
Name	of Person	Area Code Daytim	e Telephone Number	•
Enclosed is a check for	the following amount:			•
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Florida document number L23000019199	Liability Company were filed on	JANUARY 9, 2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
Inter new mailing address, if applicable:	<u> </u>	, is
Mailing address MAY BE A POST OFFICE	E BOX)	<u>.:</u>
		<u> </u>
		₩.
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addr</li> </ol>		records, enter the name of the new regis
Name of New Registered Agent:	Toni Ann Russano	
New Registered Office Address:	3117 NE 210th St	
	Enter F	lorida street address
	Aventura	, Florida 33180
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

LED CDDDLIC

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.

H 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>	<u>Address</u>	Type of Action
MGR	Toni Ann Russano	3117 NE 210th Street	<b>≅</b> Add
		Aventura, Florida 33180	□Remove
			□Change
MGR	Luke Russano	3117 NE 210th Street	
		Aventura, Florida 33180	■Remove
			□Remove
			☐ Change
			: 
			□ Remove
<del></del> -			□Add
			Remove
			Change
			□Add
			□ Remove
			□Change

_		-
_		_
_		_
_		
_		
_	· · · · · · · · · · · · · · · · · · ·	
-		
-		
_		
_		
_		
an effec ote: If	ve date, if other than the date of filing:	
ecord :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
ated	$A_{\alpha}$ , $A_{\alpha}$	
	Signature of a member or authorized representative of a member	

Carrier Services