2/9/23, 2:34 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000052991 3)))



-						
To:	Division of Co	ononations				
		: (850)617-638	13			
		(400,==: 4=:	-			
From:						
		: VCORP SERVIC				
		: 120080000067				
		: (845)425-007				
	rax Number	: (845)818-358	10		<u></u> -	
					❖ .	
	the email addres					'e
	the email addres nual report mail:					'e
anr	nual report mail:					·e
anr						'e
anr	nual report mail:					'e
anr	nual report mail:					·e
anr Ema	nual report mail:	ings. Enter onl	y one emai	l address pl	ease. • •	
anr Ema	nual report mail	STATE/CORF	y one emai	l address pl	ease. • •	
anr Ema	nual report mail	ings. Enter onl	y one emai	l address pl	ease. • •	e
anr Ema	nual report mail	STATE/CORF	y one emai	l address pl	ease. • •	
anr Ema	certificate of	STATE/CORE KOL BESED	y one emai	i address pl	ease. • •	
anr Ema	nual report mail:  il Address:  .C AMND/RES	STATE/CORE KOL BESED	y one emai	i address pl	ease. • •	

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**EEB 10** 5053

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

18886118813

If Changing Registered Agent, Signature of New Registered Agent

Kol Beseder LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records, i ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000054888</u>	were filed on 02/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		202
(Mailing address MAY BE A POST OFFICE BOX)		£5.
		. 0
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	te name of the new registered
agent and/or the new registered office address here:	<u></u>	. ?
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
New Registered Agent's Signature, if changing Registered Agent:	v ny	<i>711</i>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	Tam familiar with and S. Or, if this document is

Page: 3 of 4 2023-02-09 19:37:49 GMT 18886118813

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

From: Vcorp Services

MGR = Manager AMBR = Authorized Member

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	DENA GRAFF	4411 PINE TREE DR.	
		MIAMI BEACH, FL 33140	■ Remove
		<del></del>	□Change
<del></del>			
			□Remove
			Change
			□Add
			□Remove
		<del></del>	☐ Change
	<del> </del>		DAdd
			□Remove
			□Change
		·	□Add
			□Remove
			Change
	<del></del>		□Add
			Remove
			□ Channe

		<u> </u>		<del></del>
	······································			<del> </del>
	<u>.</u>			
<del></del>				<del></del>
	<del></del>			
			<del></del>	
<del></del> -			<del></del>	
ffective da	ate, if other than the date	of filing:		(optional) days after filing.) Pursuant to 605.0207
<u>vote:</u> If the	date is listed, the date must be spi- date inserted in this block do effective date on the Departn	ses not meet the applic	able statutory filing requirer	nents, this date will not be listed as
record spec Lis filed	cifies a delayed effective date	, but not an effective ti	me, ar 12 01 a.m. on the ear	her of (h). The 90th day after the
ated	February 7th	2023	<u> </u>	
,	ls! Zachary Cain			
	The state of the s		orized representative of a memb	

Typed or printed name of signee