L23000078792

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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A. RIVERS OCT 0 1 2023



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ORE18 IN	VESTMENTS LLC			
3003CC1.	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:		
	YONI BORNSTEIN			
		Name of Person		
		Firm/Company		
	92 SW 3RD STREET UNI	T 5211		
		Address		
	MIAMI FL 33130			
	-	City/State and Zip Code		
	YBINTERNATIONAL@G			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please co	all:		
YONI BORNSTEIN		305 432-0097		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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)	
Mailing Address		Street Address:	ation.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.23000078792	ompany were filed on 02/13/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, enter the na	ame of the new regi
gent and/or the new registered office address here:		
N. Carlos D. Car		•
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	•
	, Florida	Zip Code
	City	Zip Code

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

OREIS INVESTMENTS LLC

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 aniending 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
AMBR	AMH IRREV HOLDING TR	2959 DAY AVE UNIT B	≣Add
		MIAMI FL 33133	□Remove
			□Change
			□Add
			□Remove
			Change
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Filing Fee: \$25.00