## 123000109811

(Re	questor's Name)	
(Add	dress)	<del>-</del> .
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	



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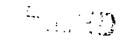
C/ 412012073

## **COVER LETTER**

	gistràtion Se vision of Cor			
	MALON 23	3 LLC		
SUBJECT:		Name of Lim	nited Liability Company	<del></del>
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	endence concerning this matter	to the following:	
		ALINE DARMOUNI		
Please return all correspondence concerning this matter to the following:  ALINE DARMOUNI  Name of Person  ORCOM US  Firm/Company  1200 BRICKELL AVE - SUITE 1960  Address  MIAMI FL 33131  City/State and Zip Code office@orcomus.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		<del></del>		
		ORCOM US		
			Firm/Company	<del></del>
		1200 BRICKELL AVE - S	SUITE 1960	
		· · ·	Address	
		MIAMI FL 33131		
			City/State and Zip Code	
		<del>-</del>	to be used for future appeal proof participation)	
For further i	nformation c			
ALINE DA	RMOUNI		305 600 4405	
_	Name of	f Person	Area Code Daytime Telephone Nu	mber
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certified Copy	00 Filing Fee. ificate of Status & ified Copy tional copy is enclosed)
	illing Addres gistration S		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporations	
	D. Box 632 Hahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MALON 23 LLC

2023 MAY 30 PM 5: 47

		<del></del>	
(Name of the Limite	d Liability Company as it now appears on our of A Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited List Torida document number 1.23000109811	ability Company were filed on $\frac{03/01/2023}{}$	17.1	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ible:		
Principal office address MUST BE A STREE	T.ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	30X)		
		, ,	· <u> </u>
3. If amending the registered agent and/or regent and/or the new registered office address	•	enter the name (	f the new registe
Name of New Registered Agent:			<del>.</del>
New Registered Office Address:			
	Enter Florida street d	address	
		Florida	
	Chy		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 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>	Name	<u>Address</u>	Type of Action
AMBR	Elena GIHAN	1200 BRICKELL AVE - SUITE 1960	«Add
		MIAMI FL 33131	□Remove
			#Change
AMBR	Hugo PARTOUCHE	1200 BRICKELL AVE - SUITE 1960	🗆 Add
	MIAMI FL 33131	□Remove	
		<del></del>	<b>:</b> Change
		□Add	
		□Remove	
		□ Change	
		□Add	
			□Remove
		□Add	
			Remove
		□Change	
		🗆 Add	
			□ Remove
			□ Chenan

•

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
E. Effective date, if other than the date of filing:	7 (3)(t the
If the record 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 record is filed.	
Dated Day 23rd . Jszz.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00