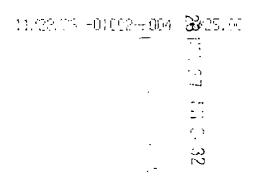
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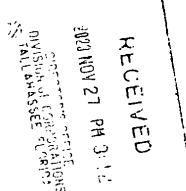
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	ocument Number)	
ertified Copies	Certificates	of Status
		-
Special Instructions to Filir	ng Officer:	
		J. HOR'IE
		J. HULL
		MOV 7 L 7073
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Office Use Only



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COVER LETTER

Division of Corpo	orations	•	
SUBJECT:	1227	Cleveland LL	C
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	13:	27 cleveland La	<u> </u>
	8509 cres	Pi Bluz # 10	
		Addiess	
	Miami Bea	City/State and Zip Code id+mia PO 9 mgi/. Co to be used for future annual report notif	1)
	mes.	City/State and Zip Code	C) at The
	E-mail address: (to be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca		
Israel	Schmidt	at (<u>9/7)</u> <u>\$86-</u> Area Code Daytime	1874
Name of l	Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	:	Street Address:	

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

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

OF

| 23 | 137 | 6 | 32 |
| 1277 | Cleve and LCC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	pany as it now appears of Liability Company)	n our records.)	· :
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 23000 1989 72</u> .	y were filed on	1/21/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name	of the new registere
		, Florida	
New Registered Agent's Signature, if changing Registered Agen	City	, Florida	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Israel Schmidt	8509 Crespi BLUD#10	\XAdd
		miami Beach FL 33141	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an eff <u>Vote:</u>	ive date, if other than the date of filing:
recor Lis 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 led.
ated	NOV 27 2023.
	Simular of a banks of milkering and the state of the stat
	Signature of a hember of authorized representative of a member
	Tsrael Schundt Typed or printed name of signee

Filing Fee: \$25.00