L23000205817

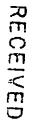
| (Reque | stor's Name) |
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| PICK-UP | WAIT MAIL |
| (Busine | ess Entity Name) |
| (Docum | nent Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filin | g Officer: |
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Office Use Only



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`FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

| Please use funds from this ac | ccount: I20210000160 \$_25.00 |
|--|---|
| Authorization Signature: | Ja Fall |
| 806 Holdings LLC | <u>L23000205817</u> |
| Business Name | Document # |
| Certified Copy of articles Certificate of Status | |
| NEW FILINGS Profit CorpNot For Profit | AMENDMENTS _X Amendment Statement of Fact |
| Limited Liability Domestication Other CORP LLLP | Resignation of R.A., Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual ReportFictitious Name | Foreign filingLimited Partnership Reinstatement |
| APOSTILLE^ Country | Other |

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

| Authorization Signature: | Account: 120210000160 \$ 25.00 |
|---|---|
| 806 Holdings LLC | L23000205817 |
| Business Name | Document # |
| Certified Copy of articles Certificate of Status | |
| NEW FILINGS Profit CorpNot For Profit | AMENDMENTS _X Amendment Statement of Fact |
| Limited LiabilityDomesticationOtherCORPLLLP | Resignation of R.A., Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual ReportFictitious Name | Foreign filing Limited Partnership Reinstatement |
| APOSTILLECountry | Other |

COVER LETTER

| Division of Corp | porations | | |
|---|--|--|--|
| 806 HOLDI SUBJECT: | INGS LLC | | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub | united for filing | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Annette Lopez, Esq. | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: | | | |
| | Sold Amendment and tee(s) are submitted for filing respondence concerning this matter to the following: Annette Lopez, Esq Name of Person Law Offices of Annette Lopez, P.A Firm/Company 100 Almeria Avenue, Suite 204 Address Coral Gables, FL 33134 City/State and Zip Code annette@annettelopez/law com E-mail address to be used for future annual report notification) from concerning this matter, please call anne of Person Area Code Dayting Telephone Number for the following amount: for the following amount: for the following amount: for the following Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |
| | | Firm/Company | |
| | 100 Almeria Avenue, Suite | e 204 | Name of Person P A Firm/Company 4 Address my/State and Zip Code used for future annual report notification) 305 315 Area Code Daytime Tetephane Number S55 00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | | Address | |
| | Coral Gables, FL 33134 | | |
| | | City/State and Zip Code | |
| | • • | | |
| For further infurmation of | | | icanon, |
| | , | | |
| | | at C | - Leienbarg Nomber |
| Name o | t Person | Area Code 173yiink | . Telegration (variable) |
| Enclosed is a check for th | ne following amount | | |
| ● \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| <u>Mailing Addres</u> Registration 5 | | <u>Street Address:</u> Registration Sec | tion |

Mailing 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

| AND HOLDINGS LIC | |
|--|--|
| (Name of the Limited Liability Company as it now appears on our records,) | |
| (A Florida Limited Liability Company) | چ . |
| The Articles of Organization for this Limited Liability Company were filed on April 26, 2023 | and assigned Na |
| Florida document number 1.23000205817 | 是沒是 |
| This amendment is submitted to amend the following: | 6 |
| A. If amending name, enter the new name of the limited liability company here: | المساور المساو المساور المساور المساو |
| The new name must be distinguishable and contain the words "Limited Erability Company," the designation "ELC" or the abbre | viation "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 address on our records, enter the name of | of the new registered |
| agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| Chaida | |
| , Florida | Zm Code |
| Çıi | 24. 0.00 |
| 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 provisions of all statutes relative to the proper and complete performance of my duties, and I an fan accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address. I hereby confirm that the limit company has been notified in writing of this change. | viliar with and this document is |
| | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------|----------------|--------------------------------|------------------|
| AMBR | Richard Fromme | 10201 Collins Avenue, Unit 806 | JAdd |
| | | Bal Harbour, FL 33154 | ДКетоус |
| | | | ☐ Change |
| AMBR Marisol Fromme | Marisol Fromme | 10201 Collins Avenue, Unit 806 | □Add |
| | | Bal Harbour, FL 33154 | □Remove |
| | | | = Change |
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| Effective date, if other than (| ha data of filis | na. | | (a) | ntional) | |
| If an effective date is listed, the date i | nust be specific ar | id cannot be prior | to date of filing or | more than 90 days | after filing.) Pursuant t | o 605 02 |
| Nate: If the date inserted in this document's effective date on the | block does not Department of | meet the applic State's records. | able statutory fi | ling requirements. | this date will not be | e listed : |
| | , | | | | | |
| e record specifies a delayed effec | tive date, but no | n an offective ti | me at 12:01 a.m | n on the earlier o | fr (b) The 90th day | after th |
| rd is filed. | n, e dane, but ne | | | | | |
| | | | | | | |
| Dated April 27 | | 2023 | // | | | |
| | | | 1-1/ | | | |
| | // | 165-77 | 1-17 | | | |
| | Signature of a | mul | | ve of a member | | _ |

Filing Fee: \$25.00