

# L23000236215

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

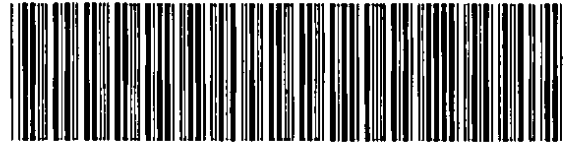
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 06/29/2023

**\*\*WALK IN\*\***

ENTITY NAME 118 TIB LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # I20160000072

*W: e J W*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

118 TIB LLC

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

FILED  
2023 JUN 129 AM 9:53

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/12/2023 and assigned  
Florida document number L23000236275.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

67 NORTH FEDERAL HIGHWAY

DANIA BEACH, FL 33004

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

67 NORTH FEDERAL HIGHWAY

DANIA BEACH, FL 33004

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SHILOMO MELLOUL

New Registered Office Address:

67 NORTH FEDERAL HIGHWAY

*Enter Florida street address*

DANIA BEACH

*City*

Florida 33004

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHLOMO MELLOUL	67 NORTH FEDERAL HIGHWAY	<input checked="" type="checkbox"/> Add
		DANIA BEACH, FL 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHLOMO MELLOUL	67 FEDERAL HWY	<input type="checkbox"/> Add
		DANIA, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAIMON LEVI	275 BRYAN RD	<input type="checkbox"/> Add
		DANIA, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ATTORNEY OF STATE  
TAMMY S. JACOBI, FL

2023 JUN 29 AM 9:53  
CLERK OF STATE  
TALLAHASSEE, FL

2000

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 23, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SHILOMO MELLOUL  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**