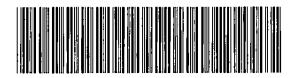
## L23000244907

(Re	questor's Name)	
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## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations		
Nofar Mia	mi LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The anchord Activing	f Amanda and Garas and	in 16. GY	
	f Amendment and fee(s) are sul		
Please return all corresp	ondence concerning this matter	to the following:	
	Joshua R. Alhalel, Esq.		
		Name of Person	
	Joshua R. Alhalel, P.A.		
		Firm/Company	
	3722 NE 200th Street		
		Address	
	Aventura, FL 33180		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	nofarnyc@gmail.com		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notif	ication)
	concerning this matter, please c		
Joshua R. Alhalei		305 528-5996 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration Sec	
P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notar Miami LLC			
( <u>Name of the Lin</u>	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L23000244907	Liability Company	y were filed on May 18, 2023	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15 West 18th Street	
(Principal office address MUST BE A STREET ADDRESS)		New York, NY 10011	
		15 W 104 C	
Enter new mailing address, if applicable:		15 West 18th Street	-
(Mailing address MAY BE A POST OFFICE BOX)		New York, NY 10011	
B. If amending the registered agent and/or agent and/or the new registered office addresses	<u>ess þere</u> :		ame of the new registered
Name of New Registered Agent:	Joshua R. Alha	lel	77 123 -
New Registered Office Address:	3722 NF 200th		7.12
	Aventura	Enter Florida street address, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Code
I hereby accept the appointment as register	ed agent and agr	ee to act in this capacity. I further t	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>	Address	Type of Action
MGMR	Nofar Hagag	15 West 18th Street	□Add
		New York, NY 10011	□Remove
			■Change
			□Remove
			□Change
<del></del>			□Add
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			10.
F-6642 3.4- 2641414141	May 19, 2023	la	otional)
Effective date, if other than the (If an effective date is listed, the date me Notary If the date inspected in this beautiful of the content	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days a	
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document's effective date on the l he record specifies a delayed effecti	ive date, but not an effective time	.·	(b) The 90th day after the

Filing Fee: \$25.00