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2023 DEC 22 PM 1: 47 SECRETARY OF STATE TALLAPASSIES FL

COVER LETTER

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CHDIECT		RAMAR, LLC			•
SUBJECT		Name of Lin	nited Liability Company	•	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Jonathan Chen			
			Name of Person		
					23 DE FORE TALL
		3876 SW 171st Ave	Firm/Company		2023 DEC 22 T
			Address		
		Miramar, FL 33027			
		jonchen47@gmail.com	City/State and Zip Code		·
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual reparts.	port notification)	
Jonathan C			954 643-	1160	
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for th	ne 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)
	ailing Addres egistration S		<u>Street Add</u> Registrati	ress: on Section	
Di	vision of C	orporations	Division of	of Corporatio	
	O. Box 632 Illahassee, f			re of Tallahas Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POKE MIRAMAR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/14/2023 and assigned Florida document number __L23000287618 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) 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 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 _ Florida __

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.

City

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>	Name	Address	Type of Action
MGR	Tsz Siu Lam	5347 NW 106TH CT, Doral, FL 33178	■Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605,020 statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, a s filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed	

Filing Fee: \$25.00