# L23000349774

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoss Eliki, Hallo)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:

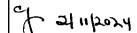




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2024 J. 1130 - 1110: 03





TO: Registration Sec Division of Corp			
SUBJECT: OZZZ	Name of Lim	The B LLC lited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Deniel	Name of Person	
	Occar De	The Mechots L Firm/Company	<u> </u>
	121 NE 34th	Street Unit 160	78
	MIGMI	FL 33/3+ City/State and Zip Code	
	B- Occordness (1	the used for future annual report	notification)
For further information co	ncerning this matter, please ca	all:	
Dank L Name of	Bomen Person	at ( <u>365</u> ) <u>C</u> Area Code Da	188 5703 Sytime Telephone Number
Enclosed is a check for the	e following amount:		
IE \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

			2024 30 ; , 10: 00
(Name of the Lin	nited Liability Company as it nov (A Florida Limited Liability Co	v appears on our r mpany)	ecords.)
ne Articles of Organization for this Limited	Liability Company were filed	d on <u>67 / 2</u>	24 / 2023 and assigned
orida document number <u>L23000344</u>	9774		
nis amendment is submitted to amend the fo	ollowing:		
. If amending name, enter the new name	of the limited liability comp	pany here:	
e new name must be distinguishable and contain the	e words "Limited Liability Compan	y," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	licable:		
rincipal office address MUST BE A STRE	<del>_</del> :		· · · · · · · · · · · · · · · · · · ·
THE THE VILLE WALLESS PROST DE ASTRE	LI ADDRESSI		
iter new mailing address, if applicable:			
nter new mailing address, if applicable:			
nter new mailing address, if applicable: <u>Jailing address MAY BE A POST OFFIC</u> I	<u>E BOX)</u>		
***	<u>E BOX)</u>		
failing address MAY BE A POST OFFICE			
Mailing address MAY BE A POST OFFICE	r registered office address o	n our records, <u>e</u>	nter the name of the new regi
failing address MAY BE A POST OFFICE	r registered office address o	n our records, <u>e</u>	nter the name of the new regi
Idailing address MAY BE A POST OFFICE  If amending the registered agent and/or ent and/or the new registered office addr	r registered office address of ress here:	n our records, <u>e</u>	nter the name of the new regi
Iailing address MAY BE A POST OFFICE	r registered office address o	n our records, <u>e</u>	nter the name of the new regi
Idailing address MAY BE A POST OFFICE  If amending the registered agent and/or ent and/or the new registered office addr	r registered office address of ress here:  Michael Berkman  524 N Island Rd		
If amending the registered agent and/or tent and/or the new registered office address Name of New Registered Agent:	r registered office address of ress here:  Michael Berkman  524 N Island Rd	n our records, <u>e</u> Inter Florida street a	
If amending the registered agent and/or tent and/or the new registered office address Name of New Registered Agent:	r registered office address of ress here:  Michael Berkman  524 N Island Rd	inter Florida street o	

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(8) 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
MG12	Michael Barkman	524 N 15land	⊠Add
		Galun Brech, FC 33160	□Remove
			□Change
MGR	Deniel Bernman	171 NE 34th St	□Add
		Unit 1601	DRemove
		Minni FL, 33137	□ Change
			□ Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□ Remove
			☐ Change

. ,	
(If an e <u>Note</u>	tive date, if other than the date of filing: (optional)  flective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is t	ord 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 filed.
Dated	01129 124
	Signature of a member or authorized representative of a member
	Dank   Brunes Typed or printed name of signee