

# L23000497538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

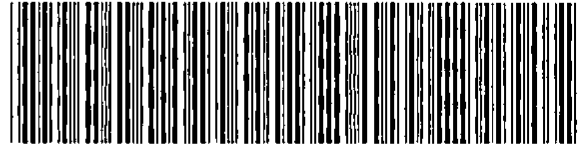
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800428441368

FILED

2024 MAY -7 AM 10:21

STATE  
OF FLORIDA

RECEIVED

2024 MAY -3 PM 12:07

OFFICE  
DIVISION OF SEC. OPERATIONS  
TALLAHASSEE, FLORIDA

Corrected



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2024

CORPORATE ACCESS, INC.

SUBJECT: OFFICE BAY 26 LLC  
Ref. Number: L23000497538

We have received your document for OFFICE BAY 26 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 024A00009815

FILED

2024 MAY -7 AM 10:21

RECEIVED

2024 MAY -7 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 5/3

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**LLC AMEND**

1. **OFFICE BAY 26 LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**FILED**  
2024 MAY - 7 AM 10:21  
TALLAHASSEE, FL

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

OFFICE BAY 26 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 11/02/2023 and assigned  
Florida document number L23000497538.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2999 NE 191st Street

Suite 402

Aventura, Florida 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191st Street

Suite 402

Aventura, Florida 33180

**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:

Law Office of Valeria Schwartzman PA

New Registered Office Address:

2999 NE 191st Street, Suite 402

*Enter Florida street address*

Aventura

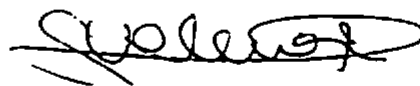
*City*

Florida 33180

*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          | LEVERT, LINDSAY | 661 DIPLOMAT PKWY               | <input type="checkbox"/> Add               |
|              |                 | HALLANDALE BEACH, FL 33009      | <input checked="" type="checkbox"/> Remove |
|              |                 |                                 | <input type="checkbox"/> Change            |
| MGR          | LEVERT, LINDSAY | 2999 NE 191ST STREET, SUITE 402 | <input checked="" type="checkbox"/> Add    |
|              |                 | AVENTURA, FL 33180              | <input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Change            |
|              |                 |                                 | <input type="checkbox"/> Add               |
|              |                 |                                 | <input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Change            |
|              |                 |                                 | <input type="checkbox"/> Add               |
|              |                 |                                 | <input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Change            |
|              |                 |                                 | <input type="checkbox"/> Add               |
|              |                 |                                 | <input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Change            |
|              |                 |                                 | <input type="checkbox"/> Add               |
|              |                 |                                 | <input type="checkbox"/> Remove            |
|              |                 |                                 | <input type="checkbox"/> Change            |

2024 MAY -7 AM 10:01  
CLERK  
FLORIDA SOCIETY OF REALTORS

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2024 MAY -7 AM 10:21

77

**E. 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.

If the record 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 record is filed.

Dated April 30th, 2024

Lombay A. Levant  
Signature of a member or authorized representative of \_\_\_\_\_

LINDSAY LEVERT - MANAGER

Typed or printed name of signee