L2400006053

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COVER LETTER

	gistration Sec vision of Corp			
CUD IF CT.		cy Properties LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Shlomo Rafaelov		
			Name of Person	
		Shlomo Rafaelov LLC		
			Firm/Company	
		4000 Alton Road # 503		
			Address	
		Miami Beach FL 33140		
			City/State and Zip Code	
		srafaelov@gmail.com	to be used for future annual report not	itioation)
For further	information co	oncerning this matter, please c	•	meation)
Shlomo Ra		gg prouze -	214 454-3395	
	Name of	Person		ne Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	ailing Address egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Γallahassee pe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Local Legacy Properties LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L24000060553</u>	iability Company	were filed on Fel	bruary 1, 2024 and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		4000 Alton Road			
(Principal office address MUST BE A STREET ADDRESS)		#503			
		Miami Beach, FL 33140			
Enter new mailing address, if applicable:		4000 Alton Roa	d		
(Mailing address MAY BE A POST OFFICE	BOX)	#503			
		Miami Beach, FL 33140			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our re	cords, enter the name of the new registered		
Name of New Registered Agent:	Shlomo Rafael	ov.			
New Registered Office Address:	4000 Alton Roa	ad #503			
The state of the s		Enter Flori	da street address		
	Miami Beach		, Florida		
		City	Zıp Code		
New Registered Agent's Signature, if changing I	legistered Agent:		co 😭		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of . provided for in C	my duties, and I am familiar with and - hapter 605, F.S. Or, if this document is		

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
			□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Remove
			☐ Change
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	e date, if other that ive date is listed, the d	an the date of late must be spec	f filing:	ot be prior to date	of tiling or mor	op e than 90 days af	otional) ter filing.) Pi	ursuant to	605.0207
ffective an effect		this block does	s not meet th	he applicable s					
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fan effecti Note: If document record s d is filed	the date inserted in t's effective date on specifies a delayed e l.	275	<u>~</u> M				(b) The 9	Oth day	(C)