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TO: Registration So Division of Cor					
Fabels Mia	mi, LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brianna Roth				
		Name of Person			
	Litwin Kach LLP				
	Firm/Company				
	200 N LaSalle St, Suite 1550				
	Address				
	Chicago, IL 60601				
		City/State and Zip Code			
	paralegal@litwinkach.com				
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)		
Brianna Roth	, and the second product of	312 741-1606			
Name of Person		at (ne Telephone Number		
ranc o	n i clour	Med Code Dayin	ne reteprone reamon		
Enclosed is a check for the	he following amount:				
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<u>Mailing Addre</u>		<u>Street Address:</u>			
Registration Section		Registration Se			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F10 E10 2024 JUN 17 AN 9: 38

Fabels Miami, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A riorida Limiteo L	nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000099081	were filed on <u>02/28/2024</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	·
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	n "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		1 10 10 10 10 10 10 10 10 10 10 10 10 10
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	address
	Florida	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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	<u>Address</u>	Type of Action
MGR	Matthew Rosenberg	2680 Woodstock Rd	
		Los Angeles, CA 90046	■Remove
			☐ Change
MGR Fabels	Fabels Management, LLC	6086 Comey Ave	■Add
		Los Angeles, CA 90034	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

				
				
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Tective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be pock does not meet the ap	plicable statutory filii	(option one than 90 days after ng requirements, this	filing.) Pursuant to 605,0207
ecord specifies a delayed effective is filed.	e date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ted June 13	. 2024	·		
		nna Roth		

Filing Fee: \$25.00

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Fabels Mia	mi, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brianna Roth				
	Name of Person				
	Litwin Kach LLP				
	Firm/Company				
	200 N LaSalle St, Suite 1550				
	Address				
	Chicago, IL 60601				
	City/State and Zip Code				
	paralegal@litwinkach.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further information of	oncerning this matter, please ca	ali:			
Brianna Roth 312 741-1606					
Name of Person		at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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)		
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Registration Section			Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303