To:

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086

: (718)569-2703

Phone

Fax Number

: (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hazel@vstatefilings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WDESTATE 15, LLC

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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			WDESTATE 15, L	IC	MLLA	TASSET FLORIDA
	<u></u>	(Name of the Limited			cords	
÷.	ī	(A	Florida Limited Liabili	it now appears on our re iy Company)		,
.The	Articles of Organ	ization for this Limited Liab	oility Company were	filed on 03/13/2024		and assigned
Flori	ida document nun	ıbcr <u>L24000127093</u>	· .			
This	amendment is su	bmitted to amend the follow	ing:			
A. I	्रार्टिक हैं। f amending nam	e, enter the new name of t	he limited liability	company here:		
	3					
The n	ew name must be di	stinguishable and contain the wor	ds "Limited Liability Co	mpany," the designation "	"LLC" or the abbrevi	ation "L.L.C."
Ente	r new principal	offices address, if applicat	ole:`			
Prin	ncipal office addi	ess MUST BE A STREET	ADDRESS)	·		
		• • • • • • • • • • • • • • • • • • • •	· ·			
	: .					
Ente	er new mailing a	ddress, if applicable:			 	
(Mai		Y BE A POST OFFICE B	<u> </u>	····		
-	. %,					
D 1/	Camandina tha	registered agent and/or reg	data nad a Maa addus		stan the name of	the new registered
		registered agent anwor reg registered office address		ss on our recores, en	iter the name of	the new registered
	•					
	Name of Ne	w Registered Agent:				
	New Registe	ered Office Address:				
				Enter Florida street ad	ldress	
				7/h.	, Florida	lia Cada
			•	I Pui	7	in Cade

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

} .

From: Alexander Englard

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

· (((H24000219517 3)))

MGR = Manager AMBR = Authorized Member

Title	, fo	Name	Address	Type of Action
AMBR	 -	A & R RE HOLDINGS, LLC	380 NW 24TH STREET	
			Miami, Florida 33127	≅Reπюνе
				□Change
AMBR		KOHEN & CO, LLC	380 NW 24TH STREET	CAdd
ř			Miami, Florida 33127	
				☐ Change
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at A	g if we'r e ddis			□Remove
	(2)			Change

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amenáli	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	<u> </u>	, F.
		
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n effective ote: If the cument's	ate, if other than the date of filing: 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 605.0 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	i as the
cord spe is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
June	24 2024	
ted		
-	Signature of a prember or authorized representative of a member	
-	Ryan Dante Typed or printed name of signee	

Filing Fee: \$25.00