

L24000151011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

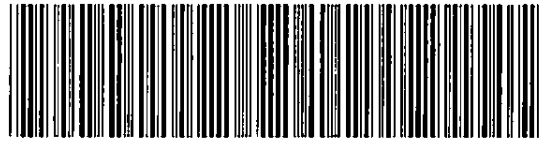
(Business Entity Name)

(Document Number)

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2021 APR 10 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGLB OPK, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS BERLIN  
Name of Person

SGLB OPK LLC  
Firm/Company

20700 W. DIXIE HWY  
Address

MIAMI, FL 33180  
City/State and Zip Code

LOUIS BERLIN L @ MB.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS BERLIN at (786) 559-0339  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$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

SGLB OPK, LLC

**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	SAM GENET	1111 KANE CONCOURSE	<input checked="" type="checkbox"/> Add
		SUITE 302	<input type="checkbox"/> Remove
		BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change
MGR	ZACH COHN	1111 KANE CONCOURSE	<input checked="" type="checkbox"/> Add
		# 302	<input type="checkbox"/> Remove
		BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Change
MGR	LOUIS BERLIN	20700 W. DIXIE HWY	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOUIS BERLIN	20700 W. DIXIE HWY	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHLOMO GUATA	20700 W. DIXIE HWY	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL  
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711-5770

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

SEE ATTACHED SUNBIZ PRINTOUT

2024 APR 10 AM 8:42  
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TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: APRIL 3, 2024 (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 4, 2024

Signature of a member or authorized representative of a member

LOUIS BERLIN

Typed or printed name of signer

**No images are available for this filing.**

- TPO - SHOULD HAVE BEEN MGR -  
SEE ART. OF AMEND - ATTACHED MGR & MFR  
DELETE BERLIN AS MBR  
\* ADD AS MBR