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13. HUNT C8/12/24

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	OAKBERRY	COCONUT GROVE LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
		OLGA HURTADO SARRIA	
		Name of Person	
		NEATBOOKS, LLC	_
		Firm/Company	
		5900 NW 97TH AVE SUITE C-21	
		Address	*1
		DORAL, FLORIDA 33178	:
		City/State and Zip Code	
		GA.HURTADO@NEATBOOKSLLC.COM (to be used for future annual report not	ification
For further information c	oncerning this matter, please c	•	-1 -1 -1 -1 -1 -1 -1
HUGO PA	NNUNZIO	at (786) 609 - 7314	
Name of Person			ne Telephone Number
Enclosed is a check for th	ne 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)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKBERRY COCONUT O	GROVE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	04/10/2024	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>e</u> :	
OAKBERRY DORAL, LLC		<u> </u>	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the de	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 NW 25TH STE	REET, SUITE 202 MIAM	l, FL 33127
Principal office address MUST BE A STREET ADDRESS)			
			p. 7
			•
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			٠,
			•
			ī. ; <i>c</i> n
B. If amending the registered agent and/or registered offic	e address on our re	cords, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			<u> </u>
	Enter Flori	da street address	
		, Florida	
	City		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>	Type of Action
			□ Remove
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 		
			□Remove
			□Change

	Signal	ure of a membe	r or authorized	wyw representative of	a member	 	
ated		·					
record specifies a d l is filed.	elayed effective date	but not an eff	ective time, a	12:01 a.m. on	the earlier of: (b) The 90th day after	the
lote: If the date ins	ted, the date must be sp erted in this block do date on the Departn	es not meet th	e applicable s	of filing or more tatutory filing r	than 90 days after equirements, thi	filing.) Pursuant to 605. s date will not be liste	.0207 :d as
ffective date, if o	ther than the date	of filing: _			(opti	onal)	
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