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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC Account Number : I20230000144 Phone : (305)780-5212 Fax Number : (786)954-3860

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESPUPAT LLC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

JUL - 3 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## ESPUPAT LLC

(Name of the Limited L.) (A F)	ability Company orida Limited Lia	as it now appears on ou bility Company)	r records.)				
The Articles of Organization for this Limited Liability Company were filed on							
This amendment is submitted to amend the following	g;						
A. If amending name, enter the new name of the	limited liabili	ty company here:					
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	on "LLC" or the abb	reviation "L.L.C	- ·		
Enter new principal offices address, if applicable	; .	3000 ISLAND	BLVD., #3002	D in	208		
(Principal office address MUST BE A STREET ADDRESS)		Aventura, FL 3.	3160	- 55 	<del>-</del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3000 ISLAND F Aventura, FL 3		ARY OF STA	+3 P2 -:		
B. If amending the registered agent and/or regist	tered office add	dress on our records	, enter the name	of the new r	egistered		
Name of New Registered Agent:	<u>re</u> :						
New Registered Office Address:	3000 ISLAND BLVD., #3002						
	Enter Florida street address						
Aventura		, riorida		33160			
		City		Zip Code			
New Registered Agent's Signature, if changing Regis  I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	ent and agree nd complete pe ed agent as pro	erformance of my du ovided for in Chapte	ties, and I am fa r 605, F.S. Or, i	miliar with a f this docum	and		

company has been notified in writing of this change.

## 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
			□Add
			Remove
			□Change
			□Add
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			☐ Change
			🖸 Add
			Remove
			Change.

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D. If amend	ling any other inform	ation, enter change(s)	here: (Attach a	dditional sheets, if ne	ecessary.)		
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(If an effect <u>Note:</u> If	ive date is listed, the date me the date inserted in this b	e date of filing:  ist be specific and cannot be clock does not meet the a Department of State's rec	eprior to date of filing applicable statutory	g or more than 90 days aft	tional) for filing.) Pursuant to 605 his date will not be liste	.0207 (3)(led as the	b)
If the record s record is filed		ve date, but not an effect	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	r the	
Dated	July 3	. 202	24				
		/s/Samuel Jalife					
		Signature of a member or	r authorized represen	tative of a member			
		Samuel Jalife					
		Typed or	printed name of sig	nce			

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