L24000355695

(Requestor's Name)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE

Same Contract

COVER LETTER

Division of Corp			
SUBJECT:	Mandels	stam LLC	
<u></u>	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	_ Rodney 1	Mandelstam Name of Person	<u> </u>
		Firm/Company	
	8530 SV	N 57 ave.	
	South M Showl E-mail address: (i	City/State and Zip Code et t a t ms ed to be used for future annual report notifies	143 4.059
For further information co	ncerning this matter, please ca	ıll:	
Symphony Name of	HOW 1ett_	at (305) (062 Area Code) Daytime T	2736 elephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mandelstam LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 811324 and ass Florida document number L24000355695	igned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) S. MIGM. 72 33	<u>i.c.</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 address on our records, enter the name of the ne agent and/or the new registered office address here:	w registered
Name of New Registered Agent: New Registered Office Address: South Miam Florida Ft 3	 3143
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents filled to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been posified in writing of this change.	th and iment is

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

Title	Name pada of Mandelstam	Address 8530 SW STAVE	Type of Action
<u>Member</u>	and w carol mardelst	am s. Micmi. Fl 33143	_XAdd
		<u> </u>	□Remove
			Change
			🖸 Add
			□Remove
			□Add
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			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□ Remove

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
·#·	
-	
(If an effecti Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	212624 Signature of a member of authorized representative of a member
	Rodney Mandelstam Typed or printed name of signee

Filing Fee: \$25.00