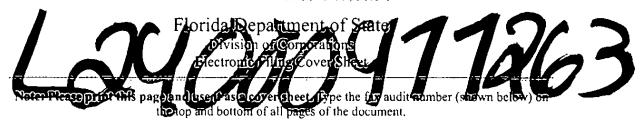
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW

Account Number : I20190000099 Phone : (305)937-1800 Fax Number : (305)937-1857

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

oniel@odancapital.com Email Address:____

FH 4: 20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAST MILE OCOEE BH LLC

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Corporate Filing Menu

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COVER LETTER

	istration Sedision of Corp			
SHRIECT.	LAST MILI	E OCOEE BH LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Alan J. Marcus		
			Name of Person	
		Alan I. Marcus, Attorney a	t Law	
			Firm/Company	
		20803 Biscayne Boulevard	, Suite 301	
			Address	
)gf.ee		Aventura, FL 33180		
			City/State and Zip Code	
		oniel@odancapita	il.com to be used for fiture annual report notifier	ation)
For further in	aformation co	oncerning this matter, please ca		
ALAN J. MA	ARCUS		305 937-1800	
	Name of	l Person	at () Area Code Daytime T	elephone Number
Enclosed is a	check for th	e following amount:	·	
≘ \$25.00 F	iling Fce	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Address: Registration Secti	On

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ompany as it now appears on our reconniced Liability Company)	rdş.)
pany were filed on 11/12/2024	and assigned
liability company here:	
Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
2)	
	2624[
lice address on our records, <u>ente</u>	r the name of the new registered
	20
	···
Enter Florida street addr	ess
	lorida
City	Zip Code
	Liability company here: Liability Company," the designation "LL Signature of the designation and the designation of the desig

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 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
MGR	GR PINTO FAMILY VENTURES LLC	467 NE SSTH TERRACE	⊡ ∧d₫
		MIAMI, FL 33137	□Remove
		44.	□Change
MGR SAMLEN HOLDINGS LLC	SAMLEN HOLDINGS LLC	2627 NE 203RD STREET	■Add
		SUITE 220	□Remove
		AVENTURA, FL 33180	☐ Change
MGR	1GR PIN'TO, MIGUEL	467 NE 55TH TERRACE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		MIAMI, FL 33137	≅Remove
			☐ Change
MGR	SAMUEL, ONIEL	2627 NE 203RD STREET	
	·	SUITE 220	≣Remove
		AVENTURA, FL 33180	\ \tag{\tau} Change
			□Add
		□Remove	
		DAdd	
			Renrove
			[]Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Note: If t	date, if other than the date of filing:
If the record spread 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	December 3 2024
	Signature of a member or authorized representative of a member
	ONIEL SAMUEL

Typed or printed name of signee