

9/4/25, 12:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L050003169173

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.
Account Number : I2006000077
Phone : (561)989-9955
Fax Number : (561)989-9966

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

Email Address: eazamo@hubzity.com

2025 SEP -4 PM 3:32

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G283 VENTURES, LLC

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Electronic Filing Menu

Corporate Filing Menu

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SEP - 5 2025

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: G283 Ventures, 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:

Mark B. Goldstein, Esq.

Name of Person

Mark B. Goldstein P.A.

Firm/Company

2700 N Military Trl Suite 130,

Address

Boca Raton, Florida 33431

City/State and Zip Code

cazarno@hubzity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark B. Goldstein, Esq.

at (561) 989-9955

Name of Person

Area Code

Daytime Telephone Number

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G283 Ventures, 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 06/10/2025 and assigned Florida document number 1.25000255976.

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.L.C."

Enter new principal offices address, if applicable:

3370 NE 190th ST Apt 411

(Principal office address MUST BE A STREET ADDRESS)

Aventura, Florida 33180

Enter new mailing address, if applicable:

3370 NE 190th ST Apt 411

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, Florida 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	José Susumo Azano Matsura	18555 Collins Avenue Unit 2503	<input type="checkbox"/> Add
		Sunny Isles Beach, Florida 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward Susumo Azano Hester	3370 NE 190th St Apt 411	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the document is not effective until the date listed.)

(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 September 4th 2025

Signature of a member or authorized representative of a member

Mark B. Goldstein, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00