L09000117558

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COVER LETTER

TO: Registration S Division of Co			
	NSON STREET, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	ļ.
	Charles Flaxman		
		Name of Person	
	5715 Johnson Street	Firm/Company	
	Hollywood FL 33021	Address	
	jferraro@flaxmanlaw.com	City/State and Zip Code	
For further information	concerning this matter, please c	to be used for future annual report notificall:	in the state of th
Joe Ferraro, CPA		954 987-0099 at ()	
Name	of Person		elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Sui te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5719 JOHNSON STREET, 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 12/10/2009 and assigned Florida document number L09000117558 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" of the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 tr provisions of all statutes relative to the proper and complete performance of my duties, and \dot{l} am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.\$. 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 or removed from our records:			dress of each person_being adde
MGR = M AMBR = A			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FLAXMAN INVESTMENT PROP	5715 JOHNSON STREET	
		HOLLYWOOD, FL 33021	Remove
			☐ Change
MGR	Charles and Gerrie Flaxman, Truste	5715 JOHNSON STREET	EAdd
		HOLLYWOOD, FL 33021	□Remove
			☐Change
			¦ □Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			☐ Remove
			□Change

The full title of the MGR be	eing added is Charles and C	Gerrie Flaxman, Trustees of the Flax	nan Real Estate Trust
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ffective date, if other than the	e date of filing:	r to date of filing or more than 90 days aft	tional)
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record specifies a delayed effectiv Lis filed.	ve date, but not an effective t	time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
. APRIL 13	2024		1
ated			
			- -
	Signature of a member or auth	norized representative of a member	<u> </u>

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