

L13000053108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

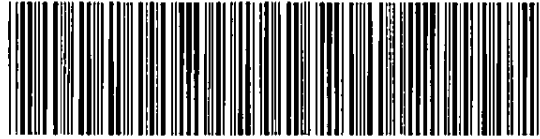
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MAY - 8 2024

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FILED
2024 MAY - 8 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAY - 8 PM 2: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5274 FISHER ISLAND, 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 APRIL 11, 2008 and assigned Florida document number L13000053108

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2031 FISHER ISLAND, LLC

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:

201 ALHAMBRA CIR SUITE 504
CORAL GABLES, FL 33134

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|--------------------------------|--|
| <u>MGR</u> | <u>MANFRED KARL TUERKS</u> | <u>201 ALHAMBRA CIR ST 504</u> | <input type="checkbox"/> Add |
| | | <u>CORAL GABLES, FL 33134</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>LITENAN LTD</u> | <u>MMG BUILDING</u> | <input checked="" type="checkbox"/> Add |
| | | <u>PASEA ESTATE</u> | <input type="checkbox"/> Remove |
| | | <u>ROAD TOWN, TORTOLA</u> | <input type="checkbox"/> Change |
| | | <u>BVI</u> | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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