9/7/2021



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(((H210003324063)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1110 RIO GRANDE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H2100033211063)

	GANIZATION	
OF		283
1110 RIO GRANDE, LLC		2021 SEP - 7
(Name of the Limited Liability Company a (A Fforida Limited Liab	as it now appears on our records.)	
(A Florida Limited Liabi	uity Company)	T. 7
The Articles of Organization for this Limited Liability Company we	ere filed on 04/03/2019	and assigned And 100 000 000 000 000 000 000 000 000 00
Florida document number [.19000088870]		S7 9
		(F) (G)
This amendment is submitted to amend the following:		,- 🐱
15 Programme of the Emited Bability	y aoninany bara:	
A. If amending name, <u>enter the new name of the limited liability</u>	y company nere.	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
The state of the state of the state of annious law		
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 add	iress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Filling of 1000 1000	1	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, Figures	

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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(HZ10003324063):

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	<u>Name</u>	Address	Type of Action
MGR	MICHAEL BITTERMAN	1700 Hoffner Avenue	
		Orlando, FL 32809	CiRemove
			Change
MGR	JOHN W. BITTERMAN, III	1700 Hoffner Avenue	■Add
		Orlando, FL 32809	Remove
			Change
			□Add
		1_1414	□Remove
			□Rcmove
			ClChange
			CJAdd
			□Remove
			∐Change
			□Add
			(☐Remove
			□Change

(HZ1000332406 3)

Fax Server

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effective date, if other than the date of filing:	05.0207 (3)(b) sted as the	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	2021 SEP	
7 / 3 2021	1	
	E A	
Signature of a member or authorized representative of a member	VCINOTES OF WAR	
Ighn W. Bitterman, Jr.	0.	
Typed or printed name of signee		