10/21/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number : 076424000767 : (305)442-3334 Phone

Fax Number : (305)443-3292

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2720 N ROOSEVELT BLVD, LLC

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T. LEWIEUX

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#### THE CONTOUNDED

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

公子社 机合油 经保险

2018 007 21 戸 29 31

(Name of the Limited Liabil	lity Company as it now appears on our records.).	SCENT LUMBA
The Articles of Organization for this Limited Liability Florida document number 1.19000249433	Company were filed on October 3, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
172 WHILE DE 1921 OUT WAS AND STREET		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ENIET PURING STEEL DEGRESS	
	, Florid	_

New Registered Agent's Signature, if changing Registered Agent:

2720 N Rooseveit Blvd, LLC

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

Page 1 of 3

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## いい はしししいかいかつり シナ

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	Thomas E. Lewis	665 Antone St NW	
		Atlanta, GA 30318	
			Remove
			☐ Change
	Thomas E. Lewis	665 Antone St NW	Condingo
AMBR			
		Atlanta, GA 30318	
			■ Remove
	Thomas E. Lewis, Jr	665 Antone St NW	Change
ΛP	Homas E. Lewis, Ji	this Athone Striv	
		Atlanta, GA 30318	
			<b>≘</b> Remove
			Change
AP	James J. Geeslin	665 Antone St NW	<b></b>
<del></del>	<del></del>	Adanta, GA 30318	
			■ Remove
			□ Change
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			Change
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			C Change

Page 2 of 3

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ne record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day aft	ter the record is filed.
•	
Dated	2019
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	and the same of th
	Signature of a member or attitudized representative of a attention
	Signature of a member or authorized representative of a member
	Signature of a member of noticolized representative of a member  (1974) 1120 5 10 10 10 10 10 10 10 10 10 10 10 10 10

Page 3 of 3

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