121000091397

(Re	questor's Name)	
(Ad	dress)	
	_	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Da	ocument Number)	
(==	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		





900362783409

03/26/21--01001--004 **25.00

21 M&R 25 AM 3: 46

MAR 2 6 2021

CORPORATE	When	you	need	ACCESS	to	the	world	
ACCESS,								

25
Us

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN						
		PICK U	P: 3/24 Glinda				
		CERTIFIED COPY					
	xx	РНОТОСОРУ					
		CUS					
	xx	FILING	LLC AMEND				
1.		3320 NE 17th Street,	LLC				
		(CORPORATE NAME AND DOCUMEN					
2.		(CORPORATE NAME AND DOCUMEN	T 4)				
		(CORPORATE NAME AND DOCUMEN	1 #)				
3.	,	(CORPORATE NAME AND DOCUMEN	T #)				
4.							
		(CORPORATE NAME AND DOCUMEN	T`#)				
5.		(CORPORATE NAME AND DOCUMEN'	Τ#)				
6.							
υ.		(CORPORATE NAME AND DOCUMEN	T #)				
	ECIAI TRU	L CTIONS:					

COVER LETTER

TO: Registration S Division of Co					
	7 STREET, LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Emilia R. Akridge				
		Name of Person			
	Crown Holdings Group, L	LC			
		Firm/Company			
	4828 Ashford Dunwoody	Road, Suite 400			
	<u></u>	Address			
	Atlanta, GA 30338				
		City/State and Zip Code			
	eakridge@crownhgroup.co				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Emitia R. Akridge		?70 391-1233			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3320 NE 17 STREET, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 2, 2021 and assigned
lorida document number L21000091397	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4828 Ashford Dunwoody Road
Principal office address MUST BE A STREET ADDRESS)	Suite 100
	Atlanta, GA 30338
nter new mailing address, if applicable:	4828 Ashford Dunwoody Road
Mailing address MAY BE A POST OFFICE BOX	Suite 100
	Atlanta, GA 30338
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
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

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>	Name	Address	Type of Action
MGR	SLN Investment Partners, LLC	4823 Ashford Dunwoody Road, Suite 400	
		Atlanta, GA 30338	■Remove
			□ Change
MGR	Avi Manoah	4823 Ashford Dunwoody Road, Suite 100	= Add
		Atlanta, GA 30338	□Remove
			Change
MGR Mos	Moshe Manoah	4823 Ashford Dunwoody Road, Suite 100	
		Atlanta, GA 30338	□Remove
			□ Change
AR	Sara Manoah	4823 Ashford Dunwoody Road, Suite 100	A dd
		Atlanta, GA 30338	
			Change
			🖸 Add
			□ Change
			□Remove
			[]Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
<u>te:</u> If t	date, if other than the date of filing: (optional) ve 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed <u>M</u> a	, <u>2021</u>
	Signature of a member or authorized representative of a member
	Moshe Manoah
	Typed or printed name of signee