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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
	429 28th St	treet Owners, LLC			
SUBJ	ЕСТ:	N	to Tribello Communication		
		Name of Lan	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Scott A. Elk, Esq.			
			Name of Person		
		Scott A. Elk, P.A.			
	Firm/Company				
	1900 NW Corporate Blvd., Suite E201				
	Address				
		Boca Raton, Florida 3343	1		
		scott@scottelkpa.com	City/State and Zip Code		
		•	to be used for future annual report noti	fication)	
For fur	rther information c	oncerning this matter, please c	all:		
Scottz	A. Elk, Esq.		561 368-5551		
Name of Person		at ()	ne Telephone Number		
Enclos	sed is a check for th	ne following amount:			
\$2	25.00 Filing Fee	■ \$30.00 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)	
	Mulling Address		Cenne Address		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR 18 AM 9: 10 429 28th Street Owners, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY

STATE The Articles of Organization for this Limited Liability Company were filed on May 12, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Northbar Design Build LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

. 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
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. March 15 2022 Signature of a member or authorized representative of a member Scott A. Elk, Esq. Authorized appendix

Typed or printed name of signee