12/27/2021

**Division of Corporations** 



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(((H21000468702 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BARRON Account Number : 072627002473 Phone : (305)856-2444 Fax Number : (305)860-2588

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Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2021 EXECUTIVE INVESTMENT GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 EXECUTIVE INVESTMENT GROUM (Name of the Limited Liabil	PLLC  ty Company as it now appears on a Limited Liability Company)	our records.)	
ыют ху	a thinted that my Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 10/18/2	021	and assigned
Florida document number <u>L21000453177</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	sited Liability Company " the design	otion "i.l. C" or the abbrei	intion LC"
	med Elabinty Company, the design		210
Enter new principal offices address, if applicable:			— <u>————————————————————————————————————</u>
(Principal office address MUST BE A STREET ADD)	(ESS)	3 <u>21.</u> 55.×	27
		<u> </u>	<del>- 111</del>
			ж <u>С</u>
Enter new mailing address, if applicable:	+ ·· · · · · · · · · · · · · · · · · ·		8 -
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our recor	ds, enter the name of	f the new registered
New Registered Office Address:			
	Enter Florida st	reet address	
	Ziba.	, Florida	Zip Code
	City	•	cip code
New Registered Agent's Signature, if changing Registere		re d	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my o gent as provided for in Chap ed office address, I hereby co	duties, and I am fam ter 605, F.S. Or, if t	iliar with and his document is

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>	Address	Type of Action
<u>MGR</u>	Chris Christy	5959 BLUE LAGGON DRIVE	<b>≣</b> Add
		Suite 200	Remove
		MIAMI, FL 33136	Change
MRG	Patrick U Murphy	5959 BLUE LAGGON DRIVE	E)Add
		Suite 200	\=Remove
		MIAMI, FL 33136	[]Change
			🗆 🗆 🗆 Add
			□Remove
			Change
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			□Remove
			Change
			□Add
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			Change

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(If an eff	(optional) ective date, if other than the date of filing: ective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th day after the led.
Dated	December 27 . 2021 .
	Signature of a member or authorized representative of a member
	Charles J Duffy, Esq.
	Typed or printed name of signee

Filing Fee: \$25.00