121000466794

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
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Special Instructions to Filing Officer:				
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Y SULKER NOV 0 5 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/01/2021	_		
C	DEIT L LL C /A	d	₩ALK IN
ENTITY NAME Carde	one REIT I, LLC (Amen	oment)	
DOCUMENT NUMBER			
	PLEASE FILE TH	E ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	*PLEASE OBTAIN THE FO Certified Copy of Arts Certificate of Good Sta		
		OTARIAL CERTIFICATION**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA	 		
TOTAL OWED \$25		ACCOUNT #: 12016000007	
		5 8 FM	
Please call Tina at	the above number for	any issues or concerns. Thank you s	o mach!



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: CARDONE REIT I, LLC Ref. Number: L21000466794

We have received your document for CARDONE REIT I, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000229978 ACT PERKINS FAMILY HOLDINGS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 521A00026743

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cardone REIT I, LLC	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000466794</u> .	were filed on 10/28/2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PERKINS FAMILY HOLCO, LLC		
The 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:	801 US Highway I	
Principal office address MUST BE A STREET ADDRESS)	North Palm Beach, Florida 33408	
Enter new mailing address, if applicable:	801 US Highway 1 North Palm Beach, Florida 33408	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere	
Name of New Registered rigen.	Fri B 7.1	
New Registered Office Address:	Enter Florida street address	
	Florida ZepoCode	
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 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>	<u>Address</u>	Type of Action
MGR	Jim Perkins	801 US Highway I	■Add
		North Palm Beach, Florida 33408	□Remove
			□Change
MGR GRANT CARDONE	GRANT CARDONE	18909 NE 29TH AVE	
		AVENTURA, FL 33180	Remove
			□Change
		□Add	
		□Remove	
		□Change	
		_	🗆 Add
			□Remove
			Change
			□Add
			Remove
		□Change	
		□Add	
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: ______ (optional)
(If an effective 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)(b) E. Effective date, if other than the date of filing: 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. Dated November 1 2021 Caitlin Lazarus Signature of a member or authorized representative of a member Caitlin Lazarus, Attorney-in-Fact

Typed or printed name of signee