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Tallahassee, FL 32314

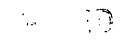
TO: Registration S Division of Co			
	IOBEE COMMUNITY DEVELO	PERS LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
	JEFF AKERMAN		
		Name of Person	
		Firm/Company	
	36 AIRPORT RD, SUITE 4	02	
		Address	
	LAKEWOOD, NJ 08701		
	JEFF@RISEARCHITECTU	City/State and Zip Code RE.COM be used for future annual report of	notification)
For further information	concerning this matter, please cal	·	,
JEFF AKERMAN		516 2493746	
Name	of Person	at () Area Code Dayl	time Telephone Number
Enclosed is a check for	the following amount:		
■ \$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)
Mailing Addr. Registration		Street Address: Registration S	
Division of	Corporations	Division of C	Corporations
P.O. Box 63	21	The Centre o	t Lattahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)



OKEECHOBEE COMMUNITY DEVELOPERS LLC

2022 HAY 17 AH 10: 12

	(A Fiorida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000468985	Liability Company were filed on 10/28/21	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter</u> ess here:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	, FI	lorida
	City	lorida 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 antending 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
AMBR	OKEECHOBEE MEMBER LLC	36 AIRPORT ROAD, SUITE 402	= Add
		LAKEWOOD NJ 08701	□ Remove
MGR	MORDECHAI ROSENBLUM	36 AIRPORT ROAD, SUITE 402	=
		LAKEWOOD NJ 08701	□ Add
			Remove
MGR	JEFF AKERMAN	36 AIRPORT ROAD, SUITE 402	Change
		LAKEWOOD NJ 08701	□Add
			□Remove
			Change
		- 	□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			 □Change

REGULAR NON MAN	AGING MEME	BER				
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the limits of the limits	ust be specific and colock does not me	cannot be prior to eet the applicab			filing.) Pursuant to 60	
the record specifies a delayed effecti cord is filed.	ive date, but not a	in effective time	e, at 12:01 a.m. or	the earlier of: (b) The 90th day aft	er the
Dated MAY 10		2022				
		- 1	RM	.)		

Typed or printed name of signee