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Certified Copies	_ Certificate:	s of Status
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## ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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		W	ALK IN		
	PICK U	J <b>P:</b>	12/28 DANNY	_	
-	CERTIFIED COPY				<del>.</del>
XX	РНОТОСОРУ				
	CUS				- · · · · · · · · · · · · · · · · · · ·
XX	FILING	LLC	AMEND		
1.	STUART SM LLC				
	(CORPORATE NAME AND DOCUME)	NT #)			
2.	(CORPORATE NAME AND DOCUMEN	NT #)			
3.	(CORPORATE NAME AND DOCUMEN	NT #)			
4.	(CORPORATE NAME AND DOCUMEN	NT #)			
5.	(CORPORATE NAME AND DOCUMEN	NT #)			
6.	(CORPORATE NAME AND DOCUMEN	NT #)			<del></del>
SPECIA INSTRU	L CTIONS:				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUART SM LLC			
(Name of the Lim	ited Liability Compi (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I	iability Company	were filed on 11/10/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	16711 Collins Avenue, St	uite 1701
		Sunny Isles, Florida 3316	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16711 Collins Avenue, St	uite 1701
		Sunny Isles, Florida 3316	
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the n
Name of New Registered Agent:	YURI LIBSON	·	
New Registered Office Address:	16711 Collins	Avenue, Suite 1701	
		Enter Florida street a	ddress
	Sunny Isles		, Florida 33160
		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>	<u>Name</u>	Address	Type of Action
AMBR	YURI LIBSON	16711 COLLINS AVE STE 1701	
		SUNNY ISLES BEACH, FL 33160	□ Remove
			🗖 Change
			□ Remove
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to dote of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idecument's effective date on the Department of State's records.  The potch day after the record is filed.  Dated  December 27  2021  Signalury if member or authorized representative of a member.					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  December 27  Dated  December 27  2021					
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	ne record specifies a delayed e The 90th day after the record	ffective date, but n d is filed.	ot an effective time	e, at 12:01 a.m. on t	he earlier of:
Signature of a member or authorized representative of a member	Dated December 27	. 2021			
Signature of a member or authorized representative of a member		Klund	no		