Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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PK MIAMI LLC

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JUN - 2 2022

K. Brumbley

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PK Miami LLC		
(<u>Name of the Limited Liab</u> (A Flor	ullity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L2200022234		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	A COV
	, Florida	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sophia Kang	700 Bryant Avenue	√XAdd
		Roslyn Harbor, NY 11576	□Remove
			□Change
			□Add
			□Remove
		□Change	
			□ Add
		□Remove	
		Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
		□Change	
			DAdd
			Remove
			□ Change

. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	the transfer of the transfer o
-	
_	
Note: If	e date, if other than the date of filing:
the record cord is filed	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 l.
Dated _	June 1 . 2022
	Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signee

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Filing Fee: \$25.00