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COVER LETTER

TO: Registration S Division of Co			
KASSIN : SUBJECT:	SABBAGH REALTY LLC		.
SUBJECT:	Name of Lin	nited Liability Company	2073
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	2073 Cr. 7 1 3
Please return all corresp	condence concerning this matter	to the following:	
	Jeff Geoghegan		AH II: 17
	<u></u>	Name of Person	-
	KASSIN SABBAGH REA	ALTY LLC	
	-	Firm/Company	
	1385 Broadway 22nd FL		
		Address	··
	NY. NY 10018		
		City/State and Zip Code	
	slintvedt@ksrny.com		
		(to be used for future annual report not	(fication)
For further information	concerning this matter, please o	all:	
Geoghegan		212 4179217 at ()	
Name	of Person		ne 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT
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Airi

Zip Code

KASSIN SABBAGH REALTY LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	7
The Articles of Organization for this Limited Liability Company were filed on August 29, 2923 Florida document number L23000405786	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
KASSIN SABBAGH REALTY FLILLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
 	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
ros e	Cat .

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.

City

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	Jeff Geoghegan	1385 Broadway 22nd FL New York, NY 10018	= Add
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fan effective date is Note: If the date	f other than the da s listed, the date must b inserted in this block tive date on the Depar	e specific and can c does not meet	the applicable:	e of filing or more t statutory filing re-	(option han 90 days after fi quirements, this c	tal) ling.) Pursuant to 605.0207 late will not be listed as
e record spec The 90th day	ifies a delayed e y after the recor	ffective date d is filed.	e, but not an	effective time	e, at 12:01 a.i	m. on the earlier of
Dated \ \O	13/23	· · · · · · · · · · · · · · · · · · ·				
	Si	gnature of a mem	ber or authorized	representative of a	member	
			Nam Ca			