

L24 0000 85015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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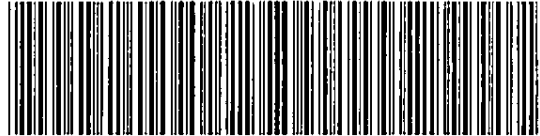
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR 20 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FL

W. HUNT
5/4/2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cambridge Advance LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2024 and assigned
Florida document number L24000085051

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20200 West Dixie Highway
Suite 902
Aventura, FL 33180

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STATE
OFFICE
FEB 17 2024
AM 8:37
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JA36 Development, LLC	20200 West Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 902	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
AMBR	AJ Advance Inc	7901 4TH ST N	<input type="checkbox"/> Add
		Ste 300	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

25 MAR 20 AM 8:37
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

E. 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)

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 3/10/2024 2024

Signature of a member or authorized representative of a member

Jonathan Allstev

Typed or printed name of signer

Filing Fee: \$25.00