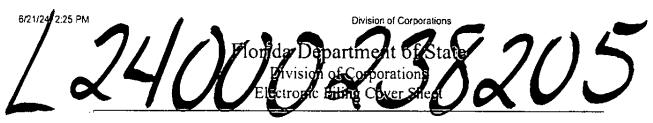
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : J&K ACCOUNTING SERVICES LLC

Account Number : I20200000194

: (786)448-3851

Fax Number

: (123)456-789

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 208/210 SINGER STREET LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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208/210 SINGER STREET 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 05/22/3024 and assigned Florida document number L24000238205 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) 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

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 morely 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

. Florida

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

Title		Name	Address	Type of Action
MGR		FERNANDO CHAVES	7500 NW 25TH STREET STE 109	≞ Add
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ited	Signature of a member or authorized representative of a member	