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From:		ੂੰ ੇ

Account Name : RICHARD D. SABA Account Number : 070540000555 : (941)952-0990 Phone : (941)954-0361 Fax Number

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

Email Address: ___ hlevy53@gmail.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	509 PINE	•		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now app Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lin Florida document number	ability Company	were filed on	June 2, 2021	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company	<u>here</u> :	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," th	e designation "LLC" or	the abbreviation "L.L C."
Enter new principal offices address, if applica	able:	1000 Ocean	Bivd.	
(Principal office address MUST BE A STREE		Boca Raton,	FL 33432	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	8 <i>0X</i>)	1000 Ocean Boca Raton,		
B. If amending the registered agent and/or r agent and/or the new registered office addres	s here:	address on ou	r records, <u>enter th</u> e	e name of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter	Florida street address	
			, Flori	
		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, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Julien Fleming	1209 Dekalb Ave, Unit 111	□Add
	•	Brooklyn, NY 11221	■Remove
			Change
AMBR	Harold Levy	1000 So. Ocean Blvd.	\ \ \ \ \ \ \ \ \ \
		Boca Raton, FL 33432	□Remove
		••.	□ Change
			□Add
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N/A				
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e: If the date inserted in	n the date of filing: ale must be specific and cannot this block does not meet the the Department of State's r	applicable statuto	(0 ing or more than 90 days ry filing requirements,	after filling.) Pursuant to 605.
ord specifies a delayed of filed.	ffective date, but not an effe	ective time, at 12:0	1 a.m. on the earlier o	f: (b) The 90th day after
June 16 ed	2021	l 		
Bichero	D. Sala			
	Signature of a member	or authorized repres	entative of a member	

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