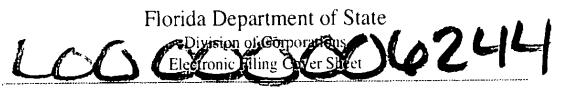
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

	Address:			
5'm211	AMMTARR:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALLANDALE OFFICE TOWERS LLC

Certificate of Status	0
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JUL - 5 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALLANDALE OFFICE TOWERS LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Lumited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on 05/31/2000	and assigned
Plorida document number L00000006244		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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	RESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	od office address on our records, enter the Na	me of the new registe
ngent and/or the new registered office address here:	in the same and th	22
		022
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	P# 4
	, Florida	Zin Coda
	City	Lip Chae

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 title, 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
MGR	Leaseflorida lle		□Add
			■ Remove
			Change
MGR	LEASEFLORIDA MANAGER LLC	5901 NW 151 ST	■Add
		126	□Remove
		MIAMI LAKES, FL 33014	[]Change
			□Remove
			Change
			Remove
			F_Ret.vovr
			□Add
			□Change

	nation, enter change(s) here: (Attach add	•
<u> </u>		
	-	
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
	nust be specific and cannot be prior to date of filing or block does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3) filing requirements, this date will not be listed as the
the record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day after the
Dated July I	2022	
/s/ Joseph Panholzer		
	Signature of a member or authorized representa	tive of a member
Joseph Panholzer, At	torney-in-Fact	
	Typed or printed name of signe	e

Filing Fee: \$25.00