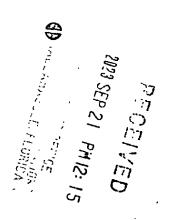
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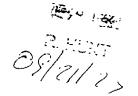
	(Requestor's Name)	
	(Address)	
	(Add: ¢\$5)	
	(Address)	
<del></del>	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Cornes	Certificates of	Status
Conmed copies		<u> </u>
0	F:F O/F	1
Special Instructions to	Hing Officer:	
1		
]		

Office Use Only









## CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 010281 4305845	
AUTHORIZATION :	202
COST LIMIT : 5,25.00	2023 SEP
ORDER DATE: September 20, 2023	21
ORDER TIME : 9:29 AM	PM 12: 40
ORDER NO. : 010281-005	١0
CUSTOMER NO: 4305845	
DOMESTIC AMENDMENT FILING	
NAME: NORTH BAY ROAD INVESTMENTS LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Evliena Baker EXT#	

EXAMINER'S INITIALS:

### **COVER LETTER**

Division of Cor	porations		
SUBJECT:	North Bay Ro	ad Investments LLC	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eduardo Fernandez		
	··· · · · · · · · · · · · · · · · ·	Name of Person	
	Willkie Farr & Gallagher	LLP	
		Firm/Company	
	787 Seventh Avenue		
		Address	
	New York, NY 10019		
		City/State and Zip Code	
	eafernandez@willkie.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Eduardo Fernandez		212 7283255 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

1	orth Bay Road Inv	vestments LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on August 5, 2002	and assigned
Florida document number 1.02000019730	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2600 S Douglas Road, Suite 900	
(Principal office address MUST BE A STREE	ET ADDRESS)	Coral Gables, FL 33134	2
			Wishes C
Enter new mailing address, if applicable:		2600 S Douglas Road, Suite 900	P 21
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 33134	
	<u> </u>		PH 12:
			0
B. If amending the registered agent and/or in agent and/or the new registered office addre		address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:	Corporation Se	rvice Company	
New Registered Office Address:	1201 Hays Stre	eet	
no regionica difficultification.	<del></del> .	Enter Florida street address	
	Tallahassee	, Florida 3	2301
		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 Changing Registered Agent, Signature of New Registered Agent

Eyluna Bahitu Assistant Vice President 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
MGR	Daniel Wall	2600 S Douglas Rd., Suite 900	
		Coral Gables, FL 33134	□Remove
			□Change
MGR	Nidia Torrado Ripoll	53 Douglas St., Apt. 1	□Add
		Brooklyn, NY 11231	■ Remove
			□Change
MGR	Shakira Isabel Mebarak Ripoll	53 Douglas St., Apt. 1	
		Brooklyn, NY 11231	≅ Remove
			□Change
			□Add
		<del></del>	Remove
			Change SE
			□Changer UPA1510 V OF
			— □Renπove 339 — □Renπove 339 — ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
		<del></del>	
			□Add
			□Remove
			□Change

_	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del></del>		
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		2623 S
		2023 SEP 2
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Note: If	e date, if other than the date of filing:  ive 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 0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records	9207 (3 χt d as the
ne record sord is filed	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
Dated Se	ptember 12 2023	
	Signature of a member or authorized representative of a member	
	Shakira Isabel Mebarak Ripoll	
	Typed or printed name of signee	

Filing Fee: \$25.00 441