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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I2004000083 Phone

: (954)474-8000

Fax Number

: (954)474-9850

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F.B.L. REALTY, L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



F.B.L. REALTY, L.L.C.

(Name of the Umited Liability Company as it now amean an our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on ____AUGUST 8, 2003 _____ and assign

The Articles of Organization for this Limited Liability Company were filed on _	AUGUST 8, 2003	and assigned
Florida document number L03000029455		
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited liability company	<u>1812</u> :	
The new name must be distinguishable and contoin the words "Limited Liability Company," the	designation "LLC" or the abb	revistion "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 OF FICE BOX)		
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, guter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flor	ida street address	<u></u>
	, Florida	
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 a provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C being filed to merely reflect a change in the registered office address, I hereb company has been notified in writing of this change.	my duties, and I am fan	ulliar with and
If Changing Registered Age	nt, Signature of New Regists	ered Agent
•		

H210001047683

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If smending 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
MGRM	LE.F. FAMILY HOLDINGS, LLC	4321 NW 101st Drive	
		Coral Springs, FL 33065	= BRemove
MGRM FIRE CORAL HOLDINGS, LLC	PO BOX 9137	□ Change	
		Coral Springs, FL 33075	BRemove
MGRM	IRA FOX	4321 NW 101st Drive	□Charge
		Coral Springs, FL 33065	BAdd ORemove
MGRM	LANE A CAMPA		☐ Change
	JAY LASNER	PO BOX 9137	
		Corel Springs, FL 33075	ПРешоче
			□Change
			DAdd
			□Remove
			□Add
			ORemove
			Change

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Effective date, if other than t If an effective date is listed, we date n Note: If the date inserted in this document's effective date on the			(optional) we then 90 days after filing.) requirements, this date	Pursuant to 605.0207 (3)(b) will not be listed as the
recomment a extended date on the	Department of State's re-	cords.		
record specifies a delayed effect d is filed.	ive date, but not an effec	tive time, at 12:01 s.m. c	n the earlier of: (b) The	90th day after the
Dated March 15	2021			
	Signature of a frember of	r authorized representative e	f a member	
ii ii	11717	2		
RICHARD BERKOW	112			

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Füing Fee: \$25.00