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(Business Entity Name)	
	Document Number)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Pattnership File Foreign Corp. File LC. File LC. File Ficitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinslatement Cen. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 1 or 3 File UCC 1 a File UCC 1 a File UCC 1 Search UCC 1 Search UCC 1 Reviewal Walk-In Will Pick Up Courier			
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Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Centificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search Driving Record Requested by: SETH			Fictitious Search
Vehicle Search	Signature		Fictitious Owner Search
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Walk-In Will Pick Up Courier	Name	Date Time	UCC 11 Retrieval
	Walk-In	Will Pick Up	Courier

COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	5220 Bisca	yne Boulevard, LLC		
		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
		Samuel Spencer Blum, Esc	quire	
			Name of Person	
			Firm/Company	
		2666 Tigertail Avenue, Su	ite 106	
			Address	
		Coconut Grove, Florida 33	133	
		laura@samblum.com	City/State and Zip Code	
For furthe	er information co	li-mail address: (oncerning this matter, please c	to be used for future annual report notificat all:	ion)
Samuel S	pencer Blum, Es	squire	305 854-1885	
	Name of	Person	at () Area Code Daytime Te	lephone Number
Enclosed	is a check for th	e following amount:		
≅ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	าก

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

5220 Biscayne Boulevard, LLC			
(Name of the Limited	d Liability Compar A Florida Limited I.	ny as it now appears on our inability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L05000088362 This amendment is submitted to amend the follow	wing:		and assigned
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE		·-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office ss here:	address on our records, Enter Florida stree	
———·		Enter Provide Sirec	
		City	, FloridaZip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the abligations of my position as register filed to merely reflect a change in the company has been notified in writing of this	ed agent and ag per and complet sistered agent as registered offic	ree to act in this capaci e performance of my du	" KOS F.S. Or. if this document is
	īr Cī	nanging Registered Agent, <u>Si</u> t	nature of New Registered Agent

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	Michel Rosenberg	4445 Sabal Palm Rd	🗂 Add
		Miami, Florida 33137	BRemove
			□Change
MGR	Fatos Rosenberg	4445 Sabal Palm Rd	= Add
		Miami, Florida 33137	
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change

aniti	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	tive date, if other than the date of filing: [Tective 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 605.020 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
e reco	ord 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 filed.
	d February 3 2022
Date	
	Signature of a member or authorized representative of a member
	Agnature of a memoer or authorized representative of a memoer
	Michel Rosenberg

Filing Fee: \$25.00