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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

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

Email Address: mmm@trippscott.com

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	W 18TH AVE, LLC		
(Name of the Limited Liability (A Florida I	y Company sa it now annears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on FEBRUARY 8, 2006	and as	signed
Florida document number L06000014168	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
EJIO WYNWOOD G, LLC			
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mulling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the nev	
			2
Name of New Registered Agent:		- The	• •
New Registered Office Address:		ů	.:
•	Enter Florida sircet address	TO	r
	, Florida	를 ; <u>N</u>	
	·	=: Zip Cydg	
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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	EUGENE HOLDINGS	4740 DAVIE RD	□Add
		DAVIE, FL 33314	■Romove
MGR	ROBIN COLLIER	4740 DAVIE RD	≣ ∧dd
		DAVIE, FL 33314	
			□ Change
MGR T	TIMOTHY O'BRIEN	4740 DAVIE RD	
		DAVIE, FL 33314	□Remove
			□ Change
			□Add
			[:]Remove
			☐ Chan gc
	-		□Λċd
			□Romove
			DChange
		· · · · · · · · · · · · · · · · · · ·	
		 	□Remove

ir antending may other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
,		
		
Meetive date, if other th	oan the date of filing: (optional) date must be specific and connot be prior to date of filing or more than 90 days after filing.) P	
an effective date is listed, the divide: If the date inserted in	date must be specific and connot be prior to date of filing or more than 90 days after filing.) P In this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ill not be listed as
record specifies a delayed his filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The S	90th day after the
MARCH 30	2023	
<u> </u>	· Mr. S	
Jumo	Signature of a member of authorized representative of a member	
TANYA L. BOV	WER, ESQ., AUTHORIZED REPRESENTATIVE	
	Typed or printed name of signce	

Filing Fee: \$25.00