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To:

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1620 NW 18TH AVE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1620 N	NW 18TH AVE, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on MARCH 10, 2006	6 and assigned
Florida document number L06000025898	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
EJIO SUNBURN, LLC		
The new name must be distinguishable and contain the words "Limit	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 ADDRI	<i>E.S.S</i>)	
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 t	the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	234
New Registered Office Address:	F F'	, !
	Enter Floridu street address , Flo	·
	City	Zh Gode
New Registered Agent's Signature, if changing Registered	Agent:	$\tilde{\mathbb{Q}}^{2}$ ω

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

Title	Name	Address	Type of Action
AMBR	EUGENE HOLDINGS, LLC	4740 DAVJE RD	□∧dd
		DAVIE, FL 33314	■Romove
			Clange
MGR	ROBIN COLLIER	4740 DAVIE RD	■Add
		DAVIE, FL 33314	□Remove
			□Change
MGR	TIMOTHY O'BRIEN	4740 DAVIE RD	
		DAVIE, FL 33314	
			□ Change
			□Remove
			DChange
			□ Add
			Remove
			Change
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ective date, if other than the effective date is listed, the date muter. If the date inserted in this burnent's effective date on the E	lock does not meet	the applicable.	c of filing or more statutory filing re	(option than 90 days after fi quirements, this d	al) ing.) Pursuant to 605.02 ate will not be listed
cord specifies a delayed effective filed.	e date, but not an	effective time, s	it 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
MARCH 30	. 2	2023			
·- 	<u> </u>				

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Typed or printed name of signee