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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations 207 DAHLIA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Fredric N. Schlemmer Name of Person Firm/Company 111 N. Pompano Beach Blvd., #313 Address Pompano Beach, FL 33062 City/State and Zip Code paul@schlemmerfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul N. Schlemmer 212 390-8030

Enclosed is a check for the following amount:

Name of Person

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	207 DAHLIA LLC		
(<u>Name of the Limited Lia</u> (A Fle	bility Company as it now appeared Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number		11/26/2007	and assigned
This amendment is submitted to amend the following	::		
A. If amending name, enter the new name of the l	imited liability company h	ere:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			 -
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ecords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			· —
	Enter Flo	rida 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Paul N. Schlemmer	110 E. 59th Street, 23rd Floor, NY, NY 10022	[Add
			□Remove
			□Change
			□Add
			🗆 Remove
			ECRETATO TALLAHA
			Represe T
			☐ Add
			□Remove
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: [an effective date is fisted, the date must be specific and control be prior to date of filing or more than 90 days after filing. J Pursuant to 605,0207 Mote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record 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 distilled. November 9 2022 Signature of a member or authorized representative of a nember. Fredric N. Schlemmer		ation, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	•	
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Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member	Dated	
Signature of a member of authorized representative of a member		40-11880
Fredric N. Schlemmer		Signature of a member or authorized representative of a member
		Fredric N. Schlemmer

Filing Foo: \$25.00