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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	РНОТОСОРУ			
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XX	FILING	AMEN	DMENT	
·1.	ARLEN HOUSE EAST	1116 LLC		
2.	(CORPORATE NAME AND DOC			20.50
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SPECIA. INSTRU	L CTIONS:		_	23

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	HOUSE EAST 1116 LLC		·
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	01/25/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	\ \\	_	20.87
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the a	bbreviation "L.E.C."
Enter new principal offices address, if applicable:	. 		395
(Principal office address MUST BE A STREET ADD	RESS)		STATE STATE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our re	cords, enter the nan	ne of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	Zip Code
	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:		•
hereby accept the appointment as registered agent	and agree to act in this co	apacity. I further ag	ree to comply with

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	Name	Address	Type of Action
MGR	NICOLE PACK	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	= Add
			□Remove
			□Change
MGR	LAUREN ABOODY	9045 LA FONTANA BLVD, #218 BOCA RATON, FL 33434	≅ Add
			□Remove
		9045 LA FONTANA BLVD, #218	□Change
MGR	SAMUEL LEVY	BOCA RATON, FL 33434	
			□Remove
			□Change
			□ Add
			□Remove
		 	☐ Change
		-	□Add
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	ons taken on behalf of the LLC will require the majority vote of the Managers.	_
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on effective da o <u>te:</u> If the d	e, if other than the date of filing:	05.020 sted as
is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
	SEPTEMBER 4 2020 - LCC (a.C.)	
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