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COVER LETTER

то:	Registration Se Division of Cor					
CUDIE	· cor	ONE MOD	EL PLACE L.L.C.			
SUBJE	.CI:	Name of Lim	ited Liability Company		_	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			MICHAEL GLEISSNER			
			Name of Person		_	
		О	NE MODEL PLACE L.L.C.			
			Firm/Company		—	
			4 TAYLOR STREET		2023 KAY 30	
Address				一: :		
MILLBURN NJ 07041					30 PK 2: 20	
City/Stat			City/State and Zip Code	and Zip Code		
			mg@michaelgleissner.com		그 문 2	
		E-mail address: (to be used for future annual report notif	ication)	0	
For fur	ther information co	oncerning this matter, please co	all:			
	MICHAEL G	LEISSNER	212 796-4304 at ()			
	N					
Enclos	ed is a check for a	ie tonowni <u>e</u> antount.				
■ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Sec	tion:		
	Division of C	orporations	Division of Cor	porations		
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe		· 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ü	NE MODEL PLACE L.L	.C.	
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited List lorida document numberL100000051		01/14/2010	and assigned
his amendment is submitted to amend the follo	wing:		
a. If amending name, <u>enter the new name of</u>	the limited liability company	here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.,C."
Inter new principal offices address, if applica	ible:		
Principal office address MUST BE A STREE	TADDRESS)		
			023
nter new mailing address, if applicable:			معسدات الت
	2017		-n 111
Mailing address MAY BE A POST OFFICE I		- -	3/2 3/10
			1.1.1
3. If amending the registered agent and/or re	egistered office address on our	records enter the na	ame of the new registe
gent and/or the new registered office addres		***************************************	
Name of New Registered Agent:	EUGENE D. MONDR	RUS	
		RUS	
Name of New Registered Agent: New Registered Office Address:	160 SW 7TH CT	orida street aadress	
	160 SW 7TH CT	lorida street aadress	33060-8398

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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n effective date is listed, to te: If the date inserted	r than the date of filing the date must be specific a and in this block does not the on the Department of	nd cannot be prior to da meet the applicable	ite of filing or more than statutory filing requi	(optional) 190 days after filing.) rements, this date	Pursuant to 60 will not be lis	5.02 ted
ecord specifies a delay is filed.	ed effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) The	e 90th day afte	er tl
ted	Max 8	2023				
			d representative of a me	,,		

Filing Fee: \$25.00