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COVER LETTER

Registration Section
Division of Corporations

TO:

| | 1501 GAR. | AGE, LLC | | |
|--------------------------------|--|---|--|--|
| SUBJECT: | | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | М | ark Alhadeff | | |
| | | Name of Person | | |
| | The | Alhadeff Law Group, P.L. | | |
| | | Firm/Company | | |
| | 11900 Bi | 11900 Biscayne Blvd. Suite 289 | | |
| | Address | | | |
| | Mimai. | Mimai, FL 33181 City/State and Zip Code mark@alhadefflaw.com | | |
| | | | | |
| | mark@a | | | |
| | E-mail address: (| to be used for future annual report no | ification) | |
| For further information c | oncerning this matter, please c | all: | | |
| Mark Alhadeff | | 786 618-9703 at () | | |
| Name o | f Person | Area Code Daytir | ne Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$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 S | Section | Street Address: Registration Se | | |
| Division of C P.O. Box 632 | | Division of Co The Centre of | • | |
| Tallahassee, l | FL 32314 | | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 11

| 1501 GARA | • | 1020 J[./ _ | 9 Pii 6: 58 |
|---|---|--------------------------|-----------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appea la Limited Liability Company) | rs on our records.) | ~~~ •∂∂ |
| The Articles of Organization for this Limited Liability Florida document numberL10000058982 | Company were filed on | JUNE 2, 2010 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company h | ere: | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| <u>Principal office address MUST BE A STREET ADD</u> | <u>RESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | <u>-</u> <u>-</u> | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | <u> </u> | | |
| B. If amending the registered agent and/or register | | records, enter the na | ime of the new regis |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flo | orida street address | |
| | | 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

| | co. | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | <u>Address</u> 2020 JUN -9 PN 6:58 | Type of Action |
|--------------|--------------------|---|----------------|
| MGR | MAYBERG, SCHNEUR Z | · | _ 🗆 Add |
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| ecord species filed. | cifies a delayed effective d | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ited | JUNE 8 | 2020 |
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