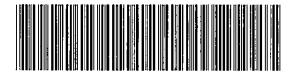
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

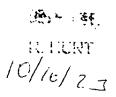
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

20280 NW 2 AVI	E., LLC	— ₁	
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		L.C. File	<u> </u>
		Fictitious Name File	. .
		Trade/Service Mark	
		Merger File	94 (S) (E)
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		RA Resignation	
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
		Cert. Copy	
		Photo Copy	
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		Certificate of Status	
		Certificate of Fictitious Name	
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4		Fictitious Search	
Signature		Fictitious Owner Search	_
		Vehicle Search	
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Name	Date Time	UCC 11 Search	
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Walk-In	Will Pick Up	Courier	

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

20280 NW 2 AVE., LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 28, 2011 and assigned Florida document number L11000012129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1000 Brickell Avenue Enter new principal offices address, if applicable: Suite 300 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33131 1000 Brickell Avenue Enter new mailing address, if applicable: Suite 300 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33131 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

Name of New Registered Agent:	AGI Registered Agents, Inc.			
New Registered Office Address:	1000 Brickell Avenue, Suite 300			
	Ente	er Florida street address		
	Miami,	, Florida ³³¹³¹		
	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.Dr, if this document is heing 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>	<u>Address</u>	Type of Action
MGR	REYES, MARLENE	125 Brittany C	
		Delray Beach, FL 33446	■Remove
			☐ Change
MGR	SOTO, VIVIAN	1000 Brickell Avenue	
		Suite 300	□Remove
		Miami, Fl. 33131	☐ Change
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Note: If the date document's effect	inserted in th	is block does	not meet the	applicable :	statutory filin	g requirements	, this date will no	ot be listed as
record specifies d is filed.	a delayed effe	ective date, Et	it not an effec	tive time, a	t 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
October I Dated	0		. 2023		W/O			
		Signature	of a member o	r authorizad	representative	of a member	<u> </u>	_
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Filing Fee: \$25.00