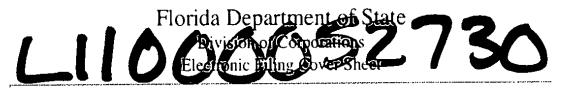
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN--13 HARTZ LLC

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T. LEMIEUX

JUN 27 2022

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 HARTZ LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.  Lumited Liability Company)	.)
The Articles of Organization for this Limited Liability C Florida document number L11000052730		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
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 records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	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>	Name	Address	Type of Action
MGR	Mariana Zulma Hartz	10295 Collins Ave Apt 309	<b>≣</b> Add
		Bal Harbour, FL 33154	□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□Add
			Remove
			□ Change
			□ Add
			□Change
-			□Add
			□Remove

□ Change

O 06/24/2022 10:30 AM

Filing Fee: \$25.00

Typed or printed name of signee