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SECRETARY OF STATE SECRETARY OF CORRESPONDENTIONS

1: JERWINS

DocuSign Envelope ID: CCDEE206-9063-4B4B-9089-20B89C8748D8 R LETTER TO: Registration Section Division of Corporations AD 5 COMMERCIAL, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Berkeley Name of Person Berkeley Law Office, P.A. Firm/Company 2295 NW Corporate Blvd., Suite 117 Address Boca Raton, FL 33431 City/State and Zip Code smb@berkeleylawoffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Berkeley Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Docusign Envelope ID: CCDEE206-9063-4B4B-90B9-20B89C8748D8 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD 5 COMMERCIAL, LLC				
(Name of the Lin	nited Linbillty Compa (A Florida Limited	any as it now appears of Liability Company)	(our records.)	
The Articles of Organization for this Limited Florida document number 111000060629	Liability Company	were tiled on _03/10	72015	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liah	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	iddress on our recoi	rds, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	Berkeley Law (Office, P.A.		
New Registered Office Address:	2295 NW Corp	orate Blvd., Suite 117		
-		Enter Florida s	trees address	
	Boca Raton		, Florida 334	31
		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.

He amonding Authorized Parson(e) authorized to manner.

DocuSign Envelope (D: CCDEE206-9063-4848-9089-20889C8748D8)

enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			(DRemove
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			🗆 Remove
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Effectiv	e date, if other than the date of filing:
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docume	nt's effective date on the Department of State's records.
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d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the d.
1	2/10/2022
Dated _	3/10/2022
	ller Fridger A8987E7303334CE
	48847F7303334CF
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Alex Fridzon

Tillian Francisco