

9/22/22, 5:05 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing System

L11000087409

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000329547 3))



H220003295473ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
 Account Number : 07535000132
 Phone : (305)374-7580
 Fax Number : (305)351-2122

SECRETARY OF STATE
 TALLAHASSEE, FL

2022 SEP 23 PM 1:50

FILED

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

Email Address: afinley@bilzin.com

2022 SEP 23 PM 10:42

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BIRD-WAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. BRUMBLEY
SEP 26 2022

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000329547 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIRD-WAL, 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 July 29, 2011 and assigned Florida document number L11000087409.

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 "C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2022 SEP 23 PM 1:50
TALLAHASSEE, FL

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:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

(((H22000329547 3)))

((H22000329547 3))

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>	<u>Type of Action</u>
MGRM	WILLIAM ROSENFELD	3615 NW 2nd Ave	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The Howard Taft Revocable Trust	3615 NW 2nd Ave	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H22000329547 3))

