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AUG 31 2020 S. YOUNG



## COVER LETTER

TO: Registration Se Division of Cor			
	QUISITION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	SIMON NEMNI		
		Name of Person	<del></del>
	3621 ACQUISITION LLC	-	
		Firm/Company	
	5151 COLLINS AVENUE	PH-H	
		Address	
	MIAMI BEACH, FL 3314	40	
	Samuel (Camail nam	City/State and Zip Code	<del></del>
	Snemni l@gmail.com E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
SIMON NEMNI		305 467-0055 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	Sectificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sect	tion

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

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3621 ACQUISITION LLC		10000000000000000000000000000000000000
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recording the little company)	•
The Articles of Organization for this Limited Liability Company	were filed on 5-23-12	and assigned
Florida document number L12000069795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
training address WATE DE ATOST OF THE BOAY		
B. If amending the registered agent and/or registered office	address on our records, ente	er the name of the new register
agent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	, F	Florida
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agr		further garee to comply with th
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, o	and I am familiar with and

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

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>	Address	Type of Action
MGR	SIMON NEMNI	5151 COLLINS AVENUE PH-H	≘∧dd
		MIAMI BEACH, FL 33140	□Remove
			\toChange
MGR	GEORGE TORDJMAN	1800 NE 114TH ST APT 2410	
		MIAMI, FL 33181	≣Remove
			Change
			□Remove
			□ Change
			□Add
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(facti	ve date, if other than t	he date of filin	g:		(optional)	
III CCU	ve date, if other than the cative date is listed, the date inserted in this	must be specific and block does not r	d cannot be prior to meet the applicab	date of filing or more t le statutory filing re	han 90 days after filing.) quirements, this date	Pursuant to 605.020 will not be listed a
inecu Ian offe <u>Vote:</u>			State's massards			
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Filing Fee: \$25.00