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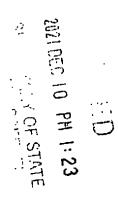
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COVER LETTER

	egistration Se ivision of Cor			
SHD IEZM		APARTMENTS LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Jeffrey Galvan		
			Name of Person	
		GALVAN MESSICK, PLI	LC	
			Firm/Company	
		951 Yamato Road, Suite 2	50	
			Address	·····
		Boca Raton, FL 33431		
			City/State and Zip Code	
		jgalvan@galvanmessick.com	m	
		E-mail address: (to be used for future annual report not	ification)
For further	information co	oncerning this matter, please c	all:	
Jeffrey Ga	lvan		561 994-5956 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R	lailing Addres egistration S	Section	Street Address: Registration Se	
Division of Corporations			Division of Co	•
P.O. Box 6327 Tallahassee, FL 32314			The Centre of 2415 N. Monro	rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2221	LUSH	A P A	RTM	ENTS	11C
4.4.4	1.0.711	/1 / / / / / / / / / / / / / / / / / /	1	1.15 1.3.	

(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 $\frac{07/25/2013}{1}$ and assigned Florida document number $\frac{1.13000105678}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2221 LUSH APARTMENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5971 NW 17 PI, #Office Enter new principal offices address, if applicable: Sunrise, FL 33313 (Principal office address MUST BE A STREET ADDRESS) 5971 NW 17 Pl, #Office Enter new mailing address, if applicable: Sunrise, FL 33313 (Mailing address MAY BE A POST OFFICE BOX)

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:	Galvan Messick PLLC	,	← 3	
New Registered Office Address:	951 Yamato Road, Suite 2	250	1210	
-	E	nter Florida street address		
	Boca Raton	Florida <u>33431</u>	0	
	City		Zip Co le	, 11
New Registered Agent's Signature, if changing	Registered Agent:	· ·)	\cup

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

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
Member	Michael Gordon	5971 NW 17 PI, #112	
		Sunrise, FL 33313	■Remove
			□Change
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fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bl	st be specific an	id cannot be pric	or to date of filing	g or more than 90	days after filin	g.) Pursuant to 605.0	207 (
ocument's effective date on the D	epartment of	State's record	S.	ming requires	icius, tiiis uat	e will not be fistee	1 (12)
record specifies a delayed effectiv	e date, but no	t an effective	time, at 12:01	a.m. on the ear	ier of: (b) T	he 90th day after t	the
is filed.							
December 2		2021					
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	Signatura of a	nyambar or aut	horized represen	1 CA WO	1-4		

Typed or printed name of signee