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SUBJECT: Apeiron	Miami, LLC Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert A. Stok			707
		Name of Person		73 SF
	Stok Kon + Braverman			7823 SEP 21 PH 2: 10
		Firm/Company		— · · · · · · · · · · · · · · · · · · ·
	1 E. Broward Blvd. Ste 91	15		H 22
		Address		一些石
	Ft. Lauderdale, FL 33301			7, 1
		City/State and Zip Code		
	Same as on file			_
for further information c	n-mail address: (to be used for future annual reall:	eport notification)	
			222	
Robert Stok Name of Person		at (954) Area Code	237-1777 Daytime Telephone Nun	abei
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif Sed) Certif	Filing Fee, icate of Status & ied Copy and copy is enclosed)
Mailing Addres		Street Add		
Registration 9 Division of C		_	ion Section of Corporations	
P.O. Box 632			tre of Tallahassee	
Tallahassee.			Monroe Street, Suite	2810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apeiron Miami, LLC			
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appea .imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL14000050454	mpany were filed on	March 26, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	23
Doron Jockey Club, LLC			123 S
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the c	designation "L1 C" or the	abbreviation; 1, L.C.3
Enter new principal offices address, if applicable:			2
<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>		-0
	-		2: 10
Enter new mailing address, if applicable:	-		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rīda 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

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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ord specifies a delayed effective date, but not an effecti- filed.	ve time,	, at 12:0	a.m. on	the earl	er of: (b) The	90th day afte
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d September 11 2020							
September 11 2020 Ook Signature of a member or	u p	epi)					

Filing Fee: \$25.00