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| Special Instructions to Filing Officer: | |
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04/25/24 -#017--018 **1575.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Knaill ventures of weston LLC | | on our manada) | |
|--|---|---|---|
| (Name of the Limited Liability Compa (A Florida Limited | Liability Company) | on our (ecorus.) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on | 5/19/2014 | and assigned |
| Florida document number L14000081409 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liah | ility company her | e: FFG Weston | LLC |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the des | ignation "LLC" or th | e abbreviation "L.1.,C." |
| Enter new principal offices address, if applicable: | | <u>-</u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 7074 |
| | | | R or |
| | | | . 20 (150) |
| Enter new mailing address, if applicable: | | [] | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 3 |
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| | | [] | 0 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our rec | ords, <u>enter the å</u> | ame of the new registered |
| agent and/of the new registered office address neve. | | ll. | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florio | la street address | |
| | | Florida | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | <u>!</u> | II. | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of n provided for in Ch e address, I hereby | ny duties, and fa napter 605, F.S. (confirm that the | m familiar with and Or, if this document is limited liability |
| If Cha | nging Registered Age | nt, Signature of New | Registered Agent |
| | | ř I | |

Page 1 of 3

| If amending A or removed fr | authorized Person(s) authorized to om our records: | o manage, enter the title, name, and add | ress of each person being added |
|-----------------------------|--|--|---------------------------------|
| MGR = Mar AMBR = Aut | | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If amending any other information | ation, enter change(s) here: (Attach additional sheets, if nece | ssary.) |
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| . Effective date, if other than the | 04/18/2024 e date of filing: (optio | onal) |
| (If an effective date is listed, the date mu | e date of filing: (option us) be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this | filing.) Pursuant to 605.0207 (3) |
| document's effective date on the I | | date will not be fisted as the |
| | | |
| f the record specifies a delaye b) The 90th day after the rec | ed effective date, but not an effective time, at 12:01 a cord is filed. | .m. on the earlier of: |
| Dated April 19 | 2024 | |
| isaled | | |
| | MILL | |
| | Signature of a member or authorized representative of a member | |
| Mohamed Khalil | | |
| ··· » | Typed or printed name of signee | |
| | | II. |

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Filing Fee: \$25.00