| LI4DDO  | 0194130                               |
|---|---------------------------------------|
| (Requestor's Name)<br>(Address)<br>(Address)  | 800377812448                          |
| (City/State/Zip/Phone #)  | i<br>12.414.21 -01030-008 **125.00    |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | A A A A A A A A A A A A A A A A A A A |

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-8005342-8062 • Fax (850) 222-1222

## 1948 HARRISON STREET REALTY, LLC

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|----|----|---|---|---|---|----|--|
|----|----|---|---|---|---|----|--|

Requested by: SETH

Name

Date

Will Pick Up \_\_\_\_

Time

Walk-In \_\_\_\_\_

| <u></u>   | Dissolution / Withdrawal       |
|-----------|--------------------------------|
|           | Annual Report / Reinstatement  |
|           | Cert Copy                      |
|           | Photo Copy                     |
|           | Certificate of Good Standing   |
|           | Certificate of Status          |
|           | Certificate of Fictitious Name |
|           | Corp Record Search             |
|           | Officer Search                 |
| <u> </u>  | Fictitious Search              |
|           | Fictitious Owner Search        |
|           | Vehicle Search                 |
| <u></u>   | Driving Record                 |
|           | UCC   or 3 File                |
| <b></b> . | UCC 11 Search                  |
|           | UCC 11 Retrieval               |
|           | Courier                        |

Art of Inc. File\_\_\_\_\_

L.C. File\_\_\_\_\_

Merger File\_\_\_\_\_

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LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_

Fictitious Name File\_\_\_\_\_\_ Trade/Service Mark\_\_\_\_\_\_

Art. of Amend. File\_\_\_\_\_

RA Resignation\_\_\_\_\_

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1948 Harrison Street Realty, LLC

(Name of the Limited Lizbility Company as it now appears on our records.) (A Florida Limited Lizbility Company)

The Articles of Organization for this Limited Liability Company were filed on <u>12/22/2014</u> and assigned Florida document number <u>L14000194130</u>

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 "LLC."

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)

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 add | rest     |
|                                |                          | 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

| Title       | Name         | Address                   | Type of Action    |
|-------------|--------------|---------------------------|-------------------|
| AMBR        | Elazar Aryeh | 110-20 71 Road, Suite 110 | 🗆 Add             |
|             |              | Forest Hills, NY 11375    | KRemove           |
|             |              |                           | □ Change          |
| <del></del> |              |                           | DAdd              |
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| Note: If the document's | date, if other than the date of filing: <u>June 16</u> , 2021 (optional)<br>be date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if<br>the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the<br>s effective date on the Department of State's records.<br>exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ord is filed.           | the subscript time, at 12.01 a.m. on the earlier of: (b) The 90th day after the  |
| Dated                   | Signature of a member or authorized representative of a member   |
|                         | Konnoth Secol  |
| -                       | Kenneth Segal  |
|                         | Typed or printed name of signee  |
|                         |  |
|                         | Filing Fee: \$25.00  |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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