L15000018176

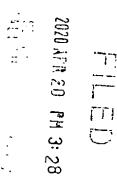
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



400343305694

04/20/20--01013--010 **25.00



Amend

APR 29 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section

| Divisio | on of Corp | porations | | | |
|---|--------------|---|---|--|--|
| | SE7LL | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| | | | | | |
| The enclosed A | rticles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return al | l correspoi | ndence concerning this matter | to the following: | | |
| | | KATHLEEN DALLAS | | | |
| | | | Name of Person | | |
| | | TRAFFIC BRICK NETWO | ORKS LLC | | |
| | | | Fum/Company | | |
| | | 98 SE 7TH STREET | | | |
| | | - | Address | | |
| | | DEERFIELD BEACH FL | 33441 | | |
| | | | City/State and Zip Code | | |
| | | ACCOUNTING@EVENTI | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For further info | rmation co | oncerning this matter, please ca | all: | | |
| JAMES LESTI | ER | | 810 310-2834 | | |
| | Name of | Person | Area Code Daytii | me Telephone Number | |
| Enclosed is a cl | heck for th | e following amount: | | | |
| ■ \$25.00 Fili | ng Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | ng Addres | | Street Address: Registration S | ection | |
| Registration Section Division of Corporations | | - | Registration Section Division of Corporations | | |
| | Box 632 | • | The Centre of | Tallahassee | |
| Talla | hassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| O1 | | |
|--|---|--|
| | | |
| 98 SE 7 LLC | | |
| (Name of the Limited Liability Company (A Florida Limited Lia | v as it now appears on our records.) ability Company) | and assigned |
| The Articles of Organization for this Limited Liability Company w | vere filed on | and assigned |
| Florida document number L15000078176 | | y. 78 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| 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 acagent and/or the new registered office address here: | ldress on our records, enter the | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | City | Zip Code |
| | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and 1 rovided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of | Enter Florida street address , Florid City e to act in this capacity. I furthe performance of my duties, and I rovided for in Chapter 605, F.S. | a Zip Code r agree to comply with am familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| MGR | KARINE LESTER | 491 HIGH STREET, BOCA RATON FL 33441 | □ Add |
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| Effective date, if other than the date fan effective date is listed, the date must be spender: If the date inserted in this block dedocument's effective date on the Department. | ecific and cannot be prior to ses not meet the applica | o date of filing or more than | (optional) 90 days after filing.) Pursuant t rements, this date will not be | o 605.0207 (e listed as t |
| record specifies a delayed effective date. d is filed. | , but not an effective tir | ne, at 12:01 a.m. on the | earlier of: (b) The 90th day | after the |
| Dated APRIL 16 | , 2020 | | | |
| | | | ambar. | _ |
| Signat | iure or a member or autho | rized representative of a mo | AHUCI | |
| | | | | |