

9/25/24, 4:46 PM

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Division of Corporations
Florida Department of State
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
2024 SEP 30 AM 9:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
835 NE 3RD AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. HUNT
09/30/24

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

835 NE 3RD AVENUE LLC

(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 07/20/2015 and assigned Florida document number 115000124159.

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)

	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
	21	22	23	24
	25	26	27	28
	29	30	31	32

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
	21	22	23	24
	25	26	27	28
	29	30	31	32

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 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:

H24000326997

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	SCHARG, TAYLER	C/O STEVEN A. SCIARRETTA, P.A.	☐ Add
		2790 NW BOCA RATON BLVD SUITE 203	☒ Remove
		BOCA RATON, FL 33431	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

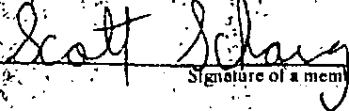
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

9/25

2024



Signature of a member or authorized representative of a member

SCOTT SCHARG

SCOTT SCHARG

Typed or printed name of signer