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| | (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 | o Filing Officer: | | | |
| J. HORNE | | | | |
| SEP 2 6 2022 | | | | |
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2022 SEP 23 PH 1:58

2022 SEP 23 PM 12: 16

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/23/22

NAME: 1577 BAY ROAD UNIT 206 ASSOCIATES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: Registration Sec Division of Cor | | | |
|-----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 77 Bay R | oad Unit 206 Associates LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Kristen Koenigsbauer | | |
| | | Name of Person | |
| | Henderson Investments, L. | P | |
| | | Firm/Company | |
| | 1062 E Lancaster Avenue, Suite 30B | | |
| | | Address | |
| | Rosemont, PA 19010 | | |
| | | City/State and Zip Code | |
| | Kristen@uchmk.com | to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please c | · | |
| Kristen Koenigsbauer | | 215 701-4107 | |
| Name of | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 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) |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ction |
| Division of Corporations | | Division of Cor | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION FILED

2022 SEP 23 PH 12: 16

1577 Bay Road Unit 206 Associates LLC

SECRETARY OF MILL

(Name of the Limited Liability Company as it now appears on our records 357. F1 (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number | were filed on and assigned | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1521 Aiton Road #484 | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami Beach, FL 33139 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 152! Alton Road #484 Miami Beach, FL 33139 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| 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 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 | Address | Type of Action |
|--------------|---------------------------|------------------------------------|----------------|
| MGR | Henderson Investments, LP | 1062 E Lancaster Avenue, Suite 30B | 🗆 Add |
| | | Rosemont, PA 19010 | ■Remove |
| | | | □Change |
| MGR | Honeybe Miami LLC | 1521 Alton Road #484 | ≡ Add |
| | | Miami Beach, FL 33139 | □Remove |
| | | | □Change |
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| Note: | five date, if other than the date of filing: |
| ne reco ord is f | rd 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 iled. |
| Dated | September 21 Signature of a member or authorized representative of a member |
| | Michael Karp, Sole Member of Henderson Investments, LP |
| | Typed or printed name of signee |

Filing Fee: \$25.00

COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------------------------------|--------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJEÇ | 1577 Bay R | oad Unit 206 Associates LLC | | |
| 30 2 0 | · · · | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | | |
| | | Kristen Koenigsbauer | | |
| | | | Name of Person | · |
| | | Henderson Investments, L | P | |
| Firm/Company | | | | |
| 1062 E Lancaster Avenue, Suite 30B | | | | |
| | | | Address | |
| | | Rosemont, PA 19010 | | |
| | | | City/State and Zip Code | |
| | | Kristen@uchmk.com | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furthe | er information co | oncerning this matter, please co | all: | |
| Kristen k | Coenigsbauer | | 215 701-4107 | |
| Name of Person | | Person | | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| ≅ \$25.0 | 00 Filing Fee | ☐ \$30.00 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) |
| 1 | Mailina Address | | Street Address | |

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303