L16000177635

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

ARTICLES OF AMENDMENT то **ARTICLES OF ORGANIZATION** OF

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| 274 NW 3 | 2ND STREET, LL | С | | | |
|--|---|--|---------------------------|---------------------|------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as it now appears on Jability Company) | our records,) | | |
| The Articles of Organization for this Limited L Florida document number <u>L16000177635</u> | | were filed on $\frac{09/22}{}$ | 2016 | and assi | gned |
| This amendment is submitted to amend the foll | lowing: | | | | |
| A. If amending name, <u>enter the new name c</u> | of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the design | ation "LLC" or the ab | breviation "L.I. | C.* |
| Enter new principal offices address, if applicable: | | 1500 Bay Road, Unit 1038S, Miami Beach, FL 33139 | | | |
| (Principal office address MUST BE A STREI | E <u>T ADDRESS)</u> | | | | |
| Enter new mailing address, if applicable: | | 1500 Bay Road, Unit 1038S, Miami Beach, FL 33139 | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | | |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre | 4 | address on our recor | rds, <u>enter the nam</u> | <u>e of the new</u> | registered |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 1500 Bay Road | | | 2021 | |
| | Miami Beach | Enter Florida s City | Florida | THR - Ge | |
| New Registered Agent's Signature, if changing | Registered Agent: | | 0 0 0 | ig P | 0 |

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------|--|----------------------|
| MGR | DMM Capital Management, LLC | 1500 Bay Road, Unit 1038S, Miami Beach, FL 33139 | _ ■Add |
| | | | _ 🗆 Remove |
| | | | _ □Change |
| MGR | JMM Capital Management, LLC | 1500 Bay Road, Unit 1038S, Miami Beach, FL 33139 |) □∧dd |
| | | | _ 🗆 Remove |
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| D. If amending any other information, enter change(s) here: | (Attach additional sheets, if necessary.) |
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| E. Effect | ive date, if other than the date of filing:(optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing If the date inserted in this block does not meet the applicable statutory filing requirements, this date date date inserted in this block does not meet the applicable statutory filing requirements. | 1) () ~ . | 10 B |
| (11 an ef Note: | lective date is instead, the date must be specific and cannot be prior to date of filing requirements, this date inserted in this block does not meet the applicable statutory filing requirements, this date the applicable statutory filing requirements. | te vull not b | e listed as the |
| docur | the date inserted in this block does not meet the applicable statutory ming requirements, this date the applicable statutory ming requirements, this date the applicable statutory ming requirements. | | |
| uocun | icht scheenve date on the Department of State s records. | EZ. | 20 |
| | | r i | <u> </u> |

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 | February | 29 | 2024 | |
|-------|--|--------|---------------------------------|--|
| | | \sum | th- | |
| | Signature of a member or authorized representative of a member | | | |
| | | (| Joseph Marocco | |
| | | | Typed or printed name of signee | |