

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

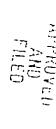
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

tma1l	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 618 6TH STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 APR 22 AM 9: 16



2022 APR 22 PH 12: 34

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

618 6TH STREET, LLC				
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on 09/28/2016	and assigned	
Florida document number L16000180286				
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	pility company here:		
Green Acres Residences, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applications	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or r	egistered office	address on our records, enter the na	me of the new register	ed
agent and/or the new registered office addres	•			_
Name of New Designand Agents	N/A		2022 APR	'n.
Name of New Registered Agent:			· ~ ~ 1	. ;
New Registered Office Address:			2	Ž
New Registered Office Address: Enter Florida stree	Enter Florida street address	A 00	\leq	
		, Florida	9.	_
		City	Zip Copte	

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>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			□Add
			□ Remove
			Change
			□Add
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			Remove

□ Change

N/A 	<u>-</u> .					<u> </u>
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	ck does not meet the	e applicable	te of filing or most statutory filing	(opt e than 90 days afte requirements, th	ional) r filing.) Pursuant to is date will not be	605,0207 (listed as t
record specifies a delayed effective lis filed.	date, but not an effe	ective time, a	at 12:01 a.m. oi	the earlier of: (b) The 90th day	after the
April 22	202:	2				
10.0	·	·				
المستعملين المستعملين						_
· · · · · · · · · · · · · · · · · · ·	Signature of a member	or authorized	representative of	f a member		-

Filing Fee: \$25.00