Division of Corporations



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 decument.

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Note: DO NOT hit the REFRESH/RFI,OAD button on your browser from this page. Doing so will generate another cover sheet.

1a:

Division of Componations Fax Number : (858)617 : (858)617-6383

from:

Account Name : JECF, HARRIS, RAYHOR & JONES, P.A. Account Number : 12000000210

(561)746-1802 Fax Humber : (561)775-8276

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

Emil Address: janet@protocolhs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 236 US HIGHWAY ONE, LLC

| Certificate of Status | |
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| Certified Copy | <u> </u> |
| Page Count | 113 |
| Estimated Charge | \$25,00 |

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1.23 0 5 1013 . Srumbiay To:

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

| 236 US Highway One,LLC | | |
|---|---|---------------------------------------|
| (<mark>Name of the Limited Liability C</mark> (A Florida Lie | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com Florida document number | ipany were filed on <u>41/14/2016</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company." the designation "LLC" or the a | phreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | SS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, enter the nan | ne of the new registered |
| | | 2023 |
| Name of New Registered Agent: | | سب ن <u>ا</u> |
| New Registered Office Address: | | |
| | Enter Florido street address | |
| | . Florida | Zip Code (2) |
| | Ciņ | |
| New Registered Agent's Signature, if changing Registered A | gent: | 00 |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change. | plete performance of my duties, and I am it as provided for in Chapter 605, F.S. Or, | familiar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To:

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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 |
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| _ | nticle IV of the Anticles of Organization is deleted. |
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| Note: 1: | e date, if other than the date of filing: |
| he record ord is file | 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 |
| Dated _ | 2/3 2023 |
| | Olderah. |
| | Signature of a member or authorized representative of a member |
| | Charles R. Modica, Manager of JIMCO Mgt., LLC |
| | Typed or printed name of signee |
| | (((H23000161907 3))) |