Division of Corporations

423 000 250 4223

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 Phone : (305)932-6262

Fax Number : (305)933-9393

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

Email Address: Into e Serbular from con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1503 HOLLYWOOD GROUP LLC

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JUL 19 2023

ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

H23002504223

1503 HOLLYWOOD GROUP LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	ras it now appears on our records.) bility Company)	····
The Articles of Organization for this Limited Liability Company w	rere filed on 04/05/2017	and assigned
Florida document number L17000077090		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabilit	Company " the designation "FIC" as a	ha abhannianian 47 T C !!
Enter new principal offices address, if applicable:	y company, are designation like of t	ne appreviation L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	;	Ç
		 co
-		
Enter new mailing address, if applicable:		 ረጠ
(Mailing address MAY BE A POST OFFICE BOX)		(2)
- -		
B. If amending the registered agent and/or registered offic	e address on our records, ente	er the name of the ne
registered agent and/or the new registered office address here:	<u></u> , <u></u>	so the hame of the he
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

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(FAX) P.O

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ALN GROUP, LLC	20200 W. DIXIE HWY	🗆 Add
		1203	■ Remove
		AVENTURA, FL 33180	
MGR	Karina B. Pacheco	2875 NE 191ST STREE	T ■ Add
		SUITE 801	□ Remove
		AVENTURA, FL 33180	<u> </u>
			□ Add
			C Remove
	:		_
			_□ Add
			_□ Remove
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			_D Remove
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			_□ Add
			.□ Remove

07/18/2023 10:58		(FAX)	P.004/004 クステンツ コロス
D. If amending any other information, enter ch	ange(s) here: (Attach additional she	HA 302 eets, if necessary.)	24504323
E. Effective date, if other than the date of filing:		(optional)	
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more the of State)	ian 90 days after	
Dated July 14th	2023		
MAA			
	ember or authorized representative of a mem	ber	
Karina B. Pacheco			
Ţ	yped or printed name of signee		

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