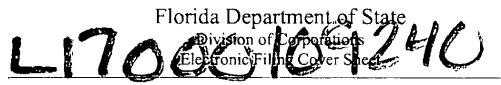
1/5/23, 9:25 AM

Division of Corporations



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(((H23000005375 3)))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2374 A ROAD LOXAHATCHEE, LLC

Certificate of Status	0
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Help

inh or soss K. Brumble) To: 18506176383 From: 14593173436 Date: 01/05/23 Time: 3:29 PM Page: 02/04

## ARTICLES OF AMENDMENT TO

(((H23000005375 3))) ARTICLES OF ORGANIZATION OF

2374 A ROAD LOXAHATCHEE, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	1
The Articles of Organization for this Limited Liability Cot	mpany were filed on 95/18/2017	and assigned
Torida document number 1.17000109240	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Lumite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		·····
Principal office address MUST BE A STREET ADDRE	<u> </u>	·
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		
		202
B. If amending the registered agent and/or registered	office address on our records, <u>enter t</u>	he name of the now register
agent and/or the new registered office address here:		A 1
		5 E23
Name of New Registered Agent:		- <del> </del>
New Registered Office Address:		<u> </u>
	Enter Florida street address	<u></u> ω
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agoeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mpiete performance of my aunes, and ent as provided for in Chapter 605, F	S.S. Or, if this document is
(((H23000005375 3)))	If Changing Registered Agent, Signature of	New Registered Agent

To: 18506176383 From: 14693173436 Date: 01/05/23 Time: 3:29 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000005375 3)))

AMBR = Authorized Member

MGR = Manager

<u> Title</u>	Name	Address	Type of Action
AMBR	Rafael Cedeno W	470 S SHORE DRIVEMIAMI BEACH, FL 33141	<b>=</b> Add
			□Remove
			[] Change
			□Add
		[]Remove	
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famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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li = cili Note	re date, if other than the date of filing:  crive date is fixed, the date must be specific and outnot be prior to date of filing or more than 90 days after filing.) Pursuant to 603,020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and's effective date on the Department of State's records.
r record and is 10	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 od.
Dated	December 19th, 2022
	( landof mi
	Signature of a my ribes on authorized representative of a niconver
	ERIKA CEDENO
	Typed or punited name of signer

(((H23000005375 3))) Filing Fee: \$25.60