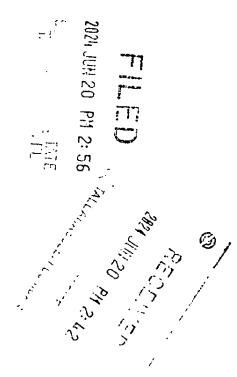
## L17000128226

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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
	Office Use Only	



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
$\mathcal{H}$
1 AWOLPH 1966 Name of Person
Name of Person
Firm/Company
SXOO NW 331D TVE STE XUU
S200 NW 331D AVE STE 200 Address FORT LAUDERDALE, FL 33309
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (786) - 714 - 6994  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Ol	t'
	2024 JUN 20 PM 2: 56
(Name of the Limited Liability Compan	3 POR L C TATE
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1700012822</u>	were filed on 06/12/2017 and assigned
This amendment is submitted to amend the following:	¥ /
_	
A. If amending name, enter the new name of the limited liabil  The new name must be distinguishable and contain the words "Limited Liabili	S LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5200 NW 33RD AVE STE 200 AM 118 FORT LAUDERDALE, FL 3530
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5200 NW 33RD AVE STE 200 AM 118 FORT LAUDERDALE, FL 33
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
N. B. J. J. J. S.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	$\cap$
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

AMRR = Authorized Mamber

	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
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Eff <b>ective d</b> If an effective	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>rvote:</u> It inc	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
e record spe	cifies a delayed effective date, but not an effective time, at 12:01 a/m. on the earlier of: (b) The 90th day after the
rd is tiled.	1
	21. 12010001 MM
Dated	
-	Signature of a member or authorized representative of a member