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| To: | | | | 1. 20 | |
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| | Division of Co | prorations | | | - |
| | Fax Number | : (850)617-6383 | | 2023 HOV | |
| From: | | | | 120 | 5 |
| | Account Name | : DUANE MORRIS LLP | | | m |
| | Account Number | : I19990000059 | | PH | |
| | Phone | : (305)960-2217 | | | |
| | Fax Number | : (305)397-2683 | | ب | |
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| **Enter | the email addres | ss for this business | entity to be used for f | | |
| | | | email address please.** | | |
| Ema | ail Address: | TLMILLER@DUANEMORRI | S.COM | | |



Electronic Filing Menu

Corporate Filing Menu

Help

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2023-11-20 16:30:14 EST

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| ARTICLES OF A TO ARTICLES OF O O SCHACHTER FAMILY CHARITABLE INVESTME (Name of the Limited Liability Compa | O RGANIZATION F | | | | |
|--|---|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | iability Company) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000259936</u> | were filed on December 21, 2017 and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 54 Courter Avenue | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Maplewood, NJ 07040 | | | | |
| Enter new mailing address, if applicable: | 54 Courter Avenue | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Maplewood, NJ 07040 | | | | |
| B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> : | ddress on our records, <u>enter the name of the new registered</u> | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: Enter Florida street address | | | | | |
| | | | | | |
| | , Florida City Code | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | |
| I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being 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 rowided for in Chapter 605, F.S. Or. 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> | Name | Address | Type of Action |
|--------------|----------------|------------------------|-----------------------|
| MGR | Tzvi Schachter | 4730 North 37th Street | 🗆 ۸ dd |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| Effective date, if other than the date of filing: | N/A | |
|--|---|--|
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| Signature of inember or authorized representative of a member | e record specifies a delayed or is filed. | effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | Dated | 2023 |
| | - | and a |
| Ed. S.L. I.K. | | Signature of a member or authorized representative of a member |
| I BUCHAN JUNA LUNALNA | | Ephrum Schachter Typed or printed name of signee |