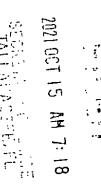
117000260617

| (Re | questor's Name) | |
|-------------------------|----------------------|----------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | |
| (Cit | sylotate/Zip/Pflofie | ") |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Name | e) |
| · | • | • |
| <u></u> | cument Number) | |
| (DC | cament Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| ' | 3 | |
| | | |
| ! | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | · | |



400375040204

10/15/21--01025--016 **25.00



Office Use Only

COVER LETTER

| TO: Amendme | nt Section Division of Corporation | ns | | |
|-----------------------|--|---------------------------------------|--|----------------|
| SUBJECT: | Name | | - | |
| | Name | of Corporation | | |
| DOCUMENT NU | MBER: | | | |
| The enclosed Amer | ndment and fee are submitted for t | filing. | | |
| Please return all con | rrespondence concerning this mat | ter to the following: | | |
| | Name of Contact Person | | | |
| | Firm/Company | | S | 200 |
| | Address | · · · · · · · · · · · · · · · · · · · | TALLAH | 2021 OCT 15 AH |
| | City/State and Zip Code | | | AH 7: 18 |
| E-mail addre | ss: (to be used for future annual re | eport notification) | i . | ထ |
| For further informa | ition concerning this matter, pleas | se call: | | |
| Name | of Contact Person | at () Area Code & Daytime [| Telephone Number | |
| Enclosed is a check | c for the following amount: | | | |
| 1835 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | S52.50 Filing Fe Certificate of Statu Certified Copy | |

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 840 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Adler Group, LLC | | |
|---|--|-------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 12/19/2017 | and assigned |
| Florida document number L17000260617 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9050 Pine Blvd, Ste 301 | |
| (Principal office address MUST BE A STREET ADDRESS) | Pembroke Pines. FL 33024 | 202) SEC |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office: | address on our records, enter the n | i – |
| agent and/or the new registered office address here: | / | |
| Name of Many Devictored Agents | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | 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

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 |
|--------------|-----------------|--------------------------|---------------------|
| President | Michael M Adler | 9050 Pine Blvd, Ste 101 | |
| | | Pembroke Pines, FL 33024 | ■Remove |
| | | | □Change |
| P/S | Sara Adler | 9050 Pines Blvd. Ste 301 | ■ Add |
| | | Pembroke Pines, FL 33024 | Remove |
| | | | |
| Treas | Karen Adler | 9050 Pines Blvd. Ste 301 | ACT OCT - |
| | | Pembroke Pines, FL 33024 | □Remo ve |
| | | | Chang & |
| VP | Tina Spano | 9050 Pines Blvd, Ste 301 | |
| | | Pembroke Pines, FL 33024 | □Remove |
| | | | ■Change |
| VP | David Adler | 9050 Pines Blvd, Ste 101 | □Add |
| | | Pembroke Pines, FL 33024 | ■Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | | | |
|---|------------------------------|---------------------------------------|--|--|------------------|
| | | · | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | | |
| · | | · | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | υ) | 207 |
| | | | | Z | 2011 OCT |
| | | | | | |
| | | | | - 1, 1, 1 | ر٦ |
| | | | | <u> </u> | _H_ |
| | | | | · | |
| | | | | : : | |
| | | | | | |
| ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blanchert's effective date on the D | ock does not meet the appl | icable statutory filin | optio fore than 90 days after g requirements, this | nal) filing.) Pursuant to date will not be | 605.02 listed |
| cord specifies a delayed effectiv s filed. | e date, but not an effective | time, at 12:01 a.m. | on the earlier of: (b) | The 90th day | after th |
| October 6 ed | . 2021 | <u>.</u> . | | | |
| | | | | | |
| Tina M Spans | Signature of a manden or and | bugined raprocessor | of a possible | | _ |

Filing Fee: \$25.00