18000095058

(Re	equestor's Name)	· <u></u> ··
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Main ventures of ivietnorial City LLC			
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	04/17/2018	and assigned
Florida document number <u>L18000095058</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	e: FFG Memoria	l City, LLC
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>	<u>]</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			202 4
			A TO
D. 16 Programme April 1997 April 1997	.ee		~ ~
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	onice address on our re-	cords, <u>enter the na</u>	ime of the new registere
Name of New Registered Agent:			3 0
New Registered Office Address:			ere e
	Enter Floru	la street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	-		24 0
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this complete performance of nent as provided for in Cl	ny duties, and I ar hapter 605, F.S. C	n familiar with and Or, if this document is
	If Changing Registered Age	nt, Signature of New	Registered Agent
	Page 1 of 3		

If amendin or removed	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the title, name, a</u>	nd address of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			□Add	
		-	□Remove	
			☐Change	
			□Add	
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			□Change	
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ion, enter change(s) here: (Attach ad	ditional sheets, if necessary.)	
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04/18/2024	(4in-n)	
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partment of State's records.		
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	date of filing: ()4/18/2024 t be specific and cannot be prior to date of filing	date of filing:(optional) t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ock does not meet the applicable statutory filing requirements, this date will not be l

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