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12/15/20 EAA

TO: Registration Se Division of Cor			
	ington Lane, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Barry E. Haimo, Esq.		
		Name of Person	
	Haimo Law		
		Firm/Company	
	8201 Peters Road, Suite 10	100	
		Address	
	Plantation, Fl. 33324		
		City/State and Zip Code	
	barry@haimolaw.com	to be used for future annual repo	rt natification)
For further information of	concerning this matter, please c		
Barry E. Haimo, Esq.		954 599-74	8.3
Name o	of Person	at () Area Code [Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Addre</u> Registratio	
Division of C		Division o	f Corporations
D O D (2)	37	Th., C	v of Tallahaman

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 8608CABB-9AD9-4A74-A53F-710D06DD9482

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7146 Huntington Lane LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number L18000125867	Liability Company	were filed on $\frac{05/1}{}$	8/2018	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company her	<u>"e</u> :	7020 NOY		
N/A				- <u>2</u> T		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the ab	breviation L.Lr.		
Inter new principal offices address, if appli		N/A				
Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable:		N/A				
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)					
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	cords, <u>enter the nam</u>	e of the new registe		
Name of New Registered Agent:	egistered office address on our records, enter the name of the new registered is here: Drew Danzig 2721 NE 18 Street					
New Registered Office Address:	2721 NE 18 Street					
	Enter Florida street address					
	Fort Lauderdale	e	Florida ³³	305		
		City		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.

Drw Dawyig
0580080961484F7

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8608CABB-9AD9-4A74-A53F-710D06DD9482 11 amenoing Authorized rerson(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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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