Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000000 Phone : (407)839-4200 Fax Number : (407)839-4264

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 17-92 MAITLAND, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 17-92 MAITLAND, LLC | | | | | |
|--|--|---------------------------|----------------|--|--|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | | | | |
| The Articles of Organization for this Limited Liabi Florida document number <u>L19000083925</u> | ility Company were filed on 04/03/2019 | and assigned | I | | |
| This amendment is submitted to amend the following | ing: | | | | |
| A. If amending name, enter the new name of th | e limited liability company here: | | | | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable | le: | | | | |
| (Principal office address MUST BE A STREET) | | 11 - D | | | |
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| Page 19 and 19 a | | 5 TO | <u>,</u> | | |
| Enter new mailing address, if applicable: | | <u> </u> | <u></u> (- | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | | | |
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| | 1 - CC 1 lives are now needed onton the | | i Disead | | |
| B. If amending the registered agent and/or registered affice address h | stered office address on our records, <u>enter the</u> nere: | : name of the new reg | <u> Şiereu</u> | | |
| Name of Nam Desistand Acoust | | | | | |
| Name of New Registered Agent: | ,, | | | | |
| New Registered Office Address: | Enter Floridu street address | | | | |
| | enter rioridu street address | | | | |
| | , Florid | daZip Code | | | |
| | City | гір Соле | | | |

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

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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 MICHAEL I | MICHAEL BITTERMAN | 1700 Hoffner Avenue | = Add |
| | | Orlando, FL 32809 | |
| | | | []Change |
| MGR | MGR JOHN W. BITTERMAN, III | 1700 Hoffner Avenue | = Add |
| | | Orlando, F1. 32809 | |
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| ffective date, if other an effective date is listed | er than the date of fllir, the date must be specific an | ig: id cannot be prior to c | iate of filing or more | than 90 days after fil | ing.) Puistant to 60. | 5.0207 |
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| d is filed. | - 1 | | | | <u>~</u> ⊞ ≪ છે | ~~ |
| Dated | 9/3 | 2021 | | | | AH 10: 26 |
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| | Cinnature of | member or authorize | ed rencesentative of | a member | | |
| 7/ | Signature of a | member or authoriz | ed representative of | a member | 55 | • |

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