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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 : (407)839-4200 : (407)839-4264 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1626 HOFFNER, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1626 HOFFNER, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L19000088992	ny were filed on <u>04/03/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	SEP 7 SEP 7 September 2011 SEP 7 September 2011 SEP 7 September 2011 September 20
) 45
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL BITTERMAN	1700 Hoffner Avenue	\alpha\dd
		Orlando, FL 32809	∐Remove
			[]Change
MGR JOHN W. BITTERMAN, III	JOHN W. BITTERMAN, III	1700 Hoffner Avenue	∰Add
		Orlando, FL 32809	□Remove
			□Change
	4.444		(☐ Add
			□Remove
			Remove
		***	☐ Change
			□Add
			☐ Change
			□ Add
			☐ Change

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II amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	8: 4: 5	•
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(If an effect Note: I	ve date, if other than the date of filing:	(3)(:he
te record and is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.	
Dated _	$A \setminus B$, 2021	
	Signature of a member or authorized representative of a member	
	John W. Bineynan, Jr.	

Filing Fee: \$25.00

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