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DIVISION OF CORPORATIONS

22 MAY -9 AM 11: 07

T. MATTHEWS

COVER LETTER

то:		tration Sec on of Corp			•	
A110 102		WO10EIG	HT, LLC			
SUBJEC	CI: _		Name of Lim	ited Liability Company		
The encl	losed A	articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn al	l correspoi	idence concerning this matter	to the following:		
			Louis A. Supraski, P.A.			
				Name of Person		
			Louis A. Supraski, P.A.			
				Firm/Company		
			16666 NE 19th Ave Suite	113		
				Address		
			North Miami Beach, FL 33	162		
			supraski@supraskilaw.com E-mail address: ()	City/State and Zip Code o be used for future annual rep	ort notification)	
For furth	ner info	ormation co	neerning this matter, please ca	-		
Louis St	upraski			305 792-0	060	
		Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed	d is a cl	heck for the	e following amount:			
■ \$25.	.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclose	d) Certified (of Status &
		ig Address		Street Addr		
	_	stration S tion of Co	ection orporations	-	on Section of Corporations	
		Box 6327			e of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY -9 AM 11: 07

TWO 10 EIGHT, LLC

(<u>Name of the Limited Liability</u> (A Florida	<mark>ity Company as</mark> a Limited Liabili	it now appears on our ty Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.19000114420}{1.19000114420}$		e filed on <u>04/26/2019</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability	company here;	
The new name must be distinguishable and contain the words "Lim	nited Liability Co	ompany," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office addr	ess on our records,	enter the name of the new registere
New Registered Office Address:		Enter Florida street	address
			121 2.4
		City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	romplete perf gent as provi ed office addi	ormance of my dut ded for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing	Registered Agent, Sign	ature 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GALKER, DAVID	16666 NE 19TH AVENUE, SUITE-113	
		NORTH MIAMI BEACH, FL	Remove
			□Change
			□Adđ
			□Remove
			□Change
			□Add
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Note: 1	if the date inserted	than the date of the date must be speci d in this block does e on the Departmen	s not meet the ap	oplicable statute	ing or more than 90 ory filing requires	(optional) days after filing.) ments, this date	Pursuant to 605.0207 will not be listed as
e record rd is file	specifies a delayed.	ed effective date, b	out not an effecti	ve time, at 12:0	1 a.m. on the ear	flier of: (b) The	90th day after the
Dated _	April 22		. 2022	11			
		Signatur	e of a member or	authorized repres	entative of a memb	ber	

 $x_{i} = (x_{i}, x_{i}) \in \mathcal{T}_{i} \cap \mathcal{T}_{i}$

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