L19000138117

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| | NAGING, LLC | | | | |
|----------------------------|---|---|--|--|--|
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please return all correspo | ondence concerning this matter t | to the following: | | | |
| | Eric T. Salpeter, Esq. | | | | |
| | Salpeter Gitkin, LLP | Name of Person | | | |
| | 1 E. Broward Blvd., Suite | Firm/Company | | | |
| | Address | | | | |
| | Fort Lauderdale, FL 33301 City/State and Zip Code | | | | |
| | Simona@salpetergitkin.com E-mail address: () | o be used for future annual report notif | ication) | | |
| For further information | concerning this matter, please ca | alf: | | | |
| Eric T. Salpeter, Esq. | | 954 467-8622 at () | | | |
| Name (| of Person | Area Code Daytime | : Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Regis | LING ADDRESS: tration Section ion of Corporations | STREET/COURI Registration Section Division of Corpor | n | | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15699 MANAGING, LLC

| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears on our records.) imited Liability Company) | |
|--|--|--|
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000138117</u> | mpany were filed on 05/22/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 亚位 |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | 10000000000000000000000000000000000000 |
| | | 0 0 |
| | | PR - |
| Enter new mailing address, if applicable: | | 26 |
| (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 agent and Name of New Registered Agent: | ess here: | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a Zip Code |
| ar Britania Baristand | City | Σιρ Code |
| New Registered Agent's Signature, if changing Registered | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and confacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of my duties, and I ent as provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| | If Changing Registered Agent, Signature of No. | w Registered Agent |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = . Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR | ALEKSEI BEREZNOI | 17070 Collins Ave., Suite 255 | - |
| | | Sunny Isles, FL 33160 | B Add |
| | | Sunny Isles, FL 33100 | Remove |
| | | | ☐ Change |
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| Note: | ve date, if other than the date of filing: |
| he red The | ord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of 90th day after the record is filed. |
| Dated | une 6 |
| Dated | ·· |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00