Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SIEGELAUB ROSENBERG P.A. Account Number : I19990000058 : (954)753-2222 Fax Number : (954)753-1123 **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 660 EAST JERICHO TURNPIKE REALTY LLC

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JAN 27 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limi	ited Liability Co (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	orda.)
N/A	lowing:	liability company here:	and assigned SECRE AN 24 P
The new name must be distinguishable and contain the	words "Limited I		LC" or the abbreviation "TL.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	<u> </u>	
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		fice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	N/A	·	
New Registered Office Address:		Enter Florida street ad	dress
			Florida
N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new regard and/or the new registered office address here: Name of New Registered Agent: N/A	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

660 EAST JERICHO TURNPIKE REALTY LLC

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 smending 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

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<u>Title</u>	Name	Address	Type of Action
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Diman	Signature of a r	nember or auth	Orized represent	ative of a member			

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