## 119000174745

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600332557166

19 AUG-1 PH 4: 20

2019 AUG - 1 AK 10: 38

AUG 0 2 2019 M. SOLOMON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 0	8/01/2019	
	Joy Weaver	<del></del>
Reference #:_	1113934	<u> </u>
Entity Name:_	Third God Cor	nmittee 5Hundred, LLC
Articles	of Incorporation/Authorization	on to Transact Business
✓ Amenda	ment	
☐ Change	e of Agent	
Reinsta	tement	
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
Fictitiou	s Name	
✓ Other_	CER	TIFICATE OF STATUS
Authorized Am	nount:\$30.00	
Signature:	Gillaen	<del></del>

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	8/01/2019	
	Joy Weaver	_
Reference #:_	1113934	_
Entity Name:_	Third God Com	nittee 5Hundred, LLC
Articles	of Incorporation/Authorization	to Transact Business
✓ Amend	ment	
☐ Change	e of Agent	
Reinsta	itement	
Conver	sion	
☐ Merger		
Dissolu	tion/Withdrawal	
☐ Fictitiou	ıs Name	
✓ Other_	CERTI	FICATE OF STATUS
Authorized An	nount:\$30.00	
Signature:	Wilauel	

+44 (0)20.3961.3080

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nittee 5Hundred, I		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document numberL19000174745	Liability Company were filed on 7/5/2019 and assi		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			<u> </u>
			, e - 4
Enter new mailing address, if applicable:			лк III: 38
(Mailing address MAY BE A POST OFFICE BOX)			T. S
			· &
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
•	Enter Flori	da 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

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>	Address	Type of Action
MGR	Charlotte Coleman	81 NW 29th Terrace	<b>_</b> Add
		Fort Lauderdale, Florida 33311	□ Remove
			☐ Change
AMBR	Marcus D. Coleman	81 NW 29th Terrace	Add
		Fort Lauderdale, Florida 33311	Remove
	:		
AMBR	Mark Schnider	81 NW 29th Terrace	<b>X</b> : Add
	•	Fort Lauderdale, Florida 3331	⊿ Remove
			i Change
			2019 AUG
	<del></del>		Remove ±
			Change
	·		_⊔ Remove
			_ 🗔 Change
			Add
			_!_ Remove
			T. Channe

Tective date, if other than the date of filing:	an effective o ote: If the	late is listed, the date must be specifi date inserted in this block does reffective date on the Department	c and cannot be prior to date of fill not meet the applicable statuto	ng or more than 90 days at	ler filing.) Pursuant to 605.	0207 (3) d as the	b)
AUG - 1 AM IO:	Tective da	te if other than the date of f	īling:	(on	tional)		
AUG - 1 AM					· · · · · · · · · · · · · · · · · · ·	: 38	
AUG - I				<u> </u>		AF 10	
						<u> </u>	
	<u> </u>						
				<u>-</u>			
				<del></del>	<del></del>		
					<del> </del>		
<u></u>							
				<del> </del>			

Page 3 of 3

Filing Fee: \$25.00