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COVER LETTER

TO: Registration Se Division of Cor			
1017 Lake	Ave AFDEV, LLC		
SUBJECT:	Numer of the	feed Clark (Dr. 7 Samman)	
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Rice		
		Name of Person	
	Affiliated Development		
		Firm/Company	
	613 NW 3rd Ave Ste 104		
		Address	
	Fort Lauderdale FL 33311		
	MRice@AffiliatedDevelop	City/State and Zip Code ment.com	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Michelle Rice		954 953-6733	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
≡ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 633		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1017 Lake Ave AFDEV, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L1900027531</u>	Liability Company	v were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A 	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:	address on our records, enter the nam	ie of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	=
		, Florida	
		City	Zio 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 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
AMBR	NROJO Holdings, LLC		□Add
			■ Remove
			□Change
AMBR	NAR, LLC	4521 PGA Blvd #103	≡ Add
		Palm Beach Gardens, FL 33418	
			Dal
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date	he date must be specific Lin this block does n	and cannot be prior to not meet the applica	o date of filing or more	(optional) than 90 days after filing.) Purequirements, this date will	rsuant to 605,0207 I not be listed as t
record specifies a delayed is filed.	ed effective date, but	not an effective tir	ne, at 12:01 a.m. on t	the earlier of: (b) The 9	Oth day after the
February 20	Λ	2021			
ated		/ ` ———	_ ·		
			rized representative of		

Typed or printed name of signee