

L19000302126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

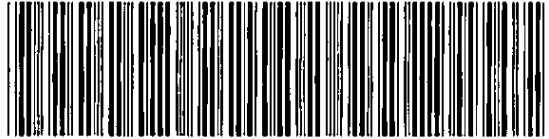
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2024 NOV 12 AM 10:07

TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 12 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : 11/12/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC AMENDMENT FILING

NAME: Posner Group Holdings LLC

EFFECTIVE DATE:

| | |
|--|------------------------------------|
| <input checked="checked" type="checkbox"/> | ARTICLES OF AMENDMENT |
| <input type="checkbox"/> | RESTATED ARTICLES OF INCORPORATION |

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

| | |
|--|------------------------------|
| <input type="checkbox"/> | CERTIFIED COPY |
| <input checked="checked" type="checkbox"/> | PLAIN STAMPED COPY |
| <input type="checkbox"/> | CERTIFICATE OF GOOD STANDING |

CONTACT PERSON:

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POSNER GROUP HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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2024 NOV 12 AM 10:07

The Articles of Organization for this Limited Liability Company were filed on 12/17/2019 and assigned Florida document number L19000302126.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 NOV 12 AM 10:07

ML-AMISSE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 30, 2024

Signed by

DIRECTOR, ARPA, INC.

Signature of a member or authorized representative of a member

ALESSANDRO FERREIRA FALINO

Typed or printed name of signee

AMEND-19761