## LZO 000091914

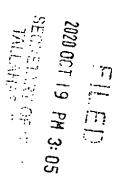
| (R                      | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| (A                      | ddress)             |           |
| (A                      | ddress)             |           |
| (C                      | ity/State/Zip/Phone | #)        |
| PICK-UP                 | TIAW                | MAIL      |
| (B                      | usiness Entity Nam  | e)        |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates        | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
|                         |                     |           |
|                         |                     |           |
|                         | · <u> </u>          |           |

Office Use Only



200353097212

10/18/20--01091--021 \*\*25.00



LAA.

## **COVER LETTER**

TO:

|                  | gistration Se<br>vision of Cor  |   |   |   |
|------------------|---|---|---|---|
| AL'B H'C'T       |   | ston Capital LLC                          | ę   | •   |
| SUBJECT          | ·   | Name of Lim                               | ited Liability Company  |   |
| The enclose      | od Articles of  | Amendment and fee(s) are sub              | mitted for filing   |   |
|                  |   | ndence concerning this matter             | _   |   |
|                  |   | Jodi Strang                               |   |   |
|                  |   |   | Name of Person  |   |
|                  |   | JLE REGISTERED AGEN                       | IT CORPORATION  |   |
|                  |   |   | Firm/Company  |   |
|                  |   | 3339 VIRGINIA STREET                      | , Suite 127   |   |
|                  |   |   | Address   |   |
|                  |   | Miami, FL 33133                           |   |   |
|                  |   |   | City/State and Zip Code   |   |
|                  |   | jstrang@stranglaw.com  E-mail address: (  | to be used for future annual report not   | ification)  |
| For further      | information c   | oncerning this matter, please ca          |   | ,   |
| Jodi Strang      | 1   |   | 305 397-8800 at ( )   |   |
|                  | Name of   | f Person                                  |   | ne Telephone Number   |
| Enclosed is      | a check for th  | ne following amount:                      |   |   |
| <b>■</b> \$25.00 | Filing Fee  | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                                       | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Ro<br>D<br>P.    | ailing Addres<br>egistration S<br>ivision of C<br>O. Box 632<br>illahassee, I | Section<br>orporations<br>7               | Street Address:<br>Registration So<br>Division of Co<br>The Centre of<br>2415 N. Monro<br>Tallahassee, Fl | rporations<br>Tallahassee<br>oe Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Magnus Boston Capital LLC  |   |                          |
|--|---|--------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | as it now appears on our records.)<br>bility Company) |                          |
| The Articles of Organization for this Limited Liability Company w  | ere filed on March 30, 2020                           | and assigned             |
| lorida document number 1.20000091914   |   |                          |
| This amendment is submitted to amend the following:  |   |                          |
| A. If amending name, enter the new name of the limited liability   | ty company here:                                      |                          |
| The new name must be distinguishable and contain the words "Limited Liability                                    | Company," the designation "LLC" or the                | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   | <u> </u>                 |
| Principal office address MUST BE A STREET ADDRESS)   |   | 020 @                    |
|  |   |                          |
|  |   |                          |
| nter new mailing address, if applicable:   |   |                          |
| Mailing address MAY BE A POST OFFICE BOX)  |   | <u> </u>                 |
|  |   |                          |
|  |   |                          |
| If amending the registered agent and/or registered office adegent and/or the new registered office address here: | dress on our records, <u>enter the r</u>              | name of the new regist   |
| gent and/or the new registered office address here.  |   |                          |
| Name of New Registered Agent:  |   |                          |
| Name Deviatored Office Addresses   |   |                          |
| New Registered Office Address:   | Enter Florida street address                          |                          |
|  | , Florida   |                          |
|  | , Torida  | Zin 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>    | Address                        | Type of Action |
|--------------|----------------|--------------------------------|----------------|
| AMBR         | John Sandberg  | 3339 VIRGINIA STREET SUITE 127 | □Add           |
|              |                | Miami, FL 33133                |                |
|              |                |                                | □Change        |
| MGR          | Allan Schwartz | 2500 South Miami Avenue        | ■Add           |
|              |                | Miami, FL 33129                | □Remove        |
|              |                |                                | □Change        |
|              |                |                                | □ Add          |
|              |                | <del></del>                    | □Remove        |
|              |                |                                | ⊡Change        |
|              |                |                                | □Add           |
|              |                |                                | □Remove        |
|              |                |                                | Change         |
|              |                |                                | □Add           |
|              |                |                                | □Remove        |
|              |                |                                | Change         |
|              |                |                                |                |
|              |                |                                | □Remove        |
|              |                |                                | □Change        |

|   | •  |                                     |                  |                      |                 |                         |    |
|---|--|-------------------------------------|------------------|----------------------|-----------------|-------------------------|----|
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
| <del></del>                                   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
| <del>-</del>                                  |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   | <u> </u>   |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 | <del></del>             |    |
|   |  |                                     |                  |                      |                 |                         |    |
|   |  |                                     |                  |                      |                 |                         |    |
| an effective date is l<br>ote: If the date in | other than the date<br>sted, the date must be sp<br>serted in this block do<br>e date on the Departn | ecific and canno<br>oes not meet th | ie applicable st |                      |                 | ng.) Pursuant to 605.0. |    |
|   | delayed effective date   | , but not an eff                    | fective time, at | 12:01 a.m. on the    | earlier of: (b) | The 90th day after t    | he |
| record specifies a<br>is filed.               |  |                                     |                  |                      |                 |                         |    |
| is filed.                                     |  | 202                                 | 30               |                      |                 |                         |    |
| is filed.                                     |  | , 202                               | 20               |                      |                 |                         |    |
| is filed.                                     |  | , 202                               | 20               |                      |                 |                         |    |
| is filed.                                     | Signa  | <del></del>                         |                  | epresentative of a m | ember           |                         |    |