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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number: 075350000353 Phone : (800)221-2972

Fax Number : (917)243-5843

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 17237 27TH AVE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17237 27th Ave LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>ii.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L20000217694	were filed on July 29 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation 'L.L.C."
Enter new principal offices address, if applicable:		28 SEC. 28 SEC
(Principal office address MUST BE A STREET ADDRESS)		S. S.
Enter new mailing address, if applicable:		C 3 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	d dress o n our records, <u>enter</u>	the name of the new registere
New Registered Office Address:	Enter Florida street oddres.	T
	, Florida	
	City	Zip Code
New Registered Agent's Signature, If changing Registered Agent:		
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office to company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605, l	d I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Robert Rossi	444 Route 111 Suite I	□ Add
		Smithtown NY 11787	□Remove
			⊟ Change
AMBR	Roger Detisle	444 Route 111 Suite 1	
		Smithtown NY 11787	□Remove
			■ Change
AMBR	Christopher Delisle	444 Route 11 Suite	
		Smithtown NY 11787	 _
			■ Change
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			□ Remove
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Mective date, if other than the an effective date is listed, the date must	be specific and cannot be prior to date of t	(optional filling or more than 90 days after f	iling.) Pursuant to 605,0207
lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable statu- partment of State's records.	tory filing requirements, this	date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b)	The 90th day after the
August 27	2021		
ated	<u> </u>		
\mathcal{L}_{0}			
Kolert	ignature of a member or authorized repre		