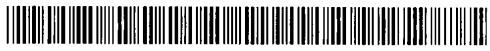
Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: THERREL BAISDEN, LLP

Account Number : I20140000065

Fax Number

Phone

: (305)371-5758 : (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 21235 NE 9 COURT UNIT 3, LLC



Certificate of Status	0
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TUN 3 0 Zuzs

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21235 NE 9 COURT UNIT 3, LLC		
(Name of the Limited Liability Comps (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000239263</u> .	were filed on	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 Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21 Via Soria	
(Principal office address MUST BE A STREET ADDRESS)	San Clemente, CA 92673	
		<u> </u>
Enter new mailing address, if applicable:	21 Via Soria	· <u>o</u>
(Mailing address MAY BE A POST OFFICE BOX)	San Clemente, CA 92673	0
	address on our records, enter the	name of the new regi
	address on our records, <u>enter the</u>	
agent and/or the new registered office address here:  Name of New Registered Agent:		
agent and/or the new registered office address here:		
	Enter Florida street address	

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	Fax: 13053418918 To: Authorized Person(s) authorized	Fax: (850) 617-6383 to manage, <u>enter the title, name,</u> and	Page: 3 of 4 06/29/2023 1:17 P. address of each person being
MGR = M	trom our records:		H2300023089
Title	Name	Address	Type of Acti
MGR	GORAN OMERHODZIC	15645 COLLINS AVE APT 602	□Add
		SUNNY ISLES BEACH, FL 331	.60 ≣Remove
MGR Arash M. Asil	Arash M. Asil	21 Via Soria	≣Add
	San Clemente, CA 92673	□Remove	
			Change
			□Add

H23000230892

Effective date, if other than the date of filing:			
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Onted 6/28, 2023  Signature of a member or authorized representative of a member		delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th	e 90th day after the
Signature of a member or authorized representative of a member	Pated	$6/28$ , $\frac{2023}{}$ .	
Signature of a member or authorized representative of a member		a alman	
		( Own Owner 122	

Filing Fee: \$25.00

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