(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	TIAW	MAIL
(8u	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Account#: I20000000088

Date: February	03, 2022		Accounter, 12000000	10000
Name: David S	hulman			
Reference #:	1592697			
Entity Name:	JOHN LEWI	S GARDENS	MEMBER, LLC	
Articles of Incorpo	oration/Authoriza	ition to Transac	et Business	
Amendment				
Change of Agent			ISSUES? CALL	
Reinstatement			David:	
Conversion			850-270-0082	
☐ Merger				
Dissolution/Withd	rawal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$25.00			
Signature:	David Shalman			

-1.212.947.7200

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Lewis Gardens N	lember, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	uny as it now appea Liability Company)	rs on our records.)	·
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	October 9, 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	designation "LLC" or the ab	Streviation "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)			3 AM 9: 22 RY OF STATE TASSEE, FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floi	ula street address	
		, Florida	
	City		ZpCo

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. Thereby 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 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

Title	Name	<u>Address</u>	Type of Action
MGR 	ACRUVA Holdings, LLC	806 S. Military Trail	□Add
	Deerfield Beach, FL 33442	□Remove	
			Change
AMBR Alliant ADC, Inc	Alliant ADC, Inc	21600 Oxnard St. #1200	■Add
		Woodland Hills, CA 91367	DRemove
			☐ Change
			ZRemove
			□Change
-			
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			ZRemove
			□ Chance

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Effecti	ve date, if other than the date of filing:
Note:	ective 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 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fil	d 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 ed.
Dated	February 2 2022
	- il t-etter
	11/14/10 1
	Signature at a member or authorized representative of a member
	Signature of a member or authorized representative of a member