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.

(((H20000431645 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.

Account Number : I20060000077 Phone

: (561)989-9955 : (561)989-9966

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

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN N593DCN5, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

Help

ARTICLES OF AMENDMEN (((H20000431645,3))) TO ICLES OF ORGANIZATION **OF**

| 70 | N593DCN5, LLC | | |
|-------------|--|---|-----------------------|
| | • | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| | s of Organization for this Limited Liab ument number <u>L20000371638</u> | ility Company were filed on December 4, 2020 | and assigned |
| | ment is submitted to amend the follow | ing: | |
| . If amen | iding name, enter the new name of th | e limited liability company here: | |
| !383MV, L | LC | | ٠,٠٠٠ |
| ic new name | e must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new | principal offices address, if applicab | le: | *7 . |
| | office address MUST BE A STREET. | | |
| | | | |
| nter new | mailing address, if applicable: | | |
| failing an | <u>ldress MAY BE A POST OFFICE BO</u> | <u></u> | ···· |
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| | ding the registered agent and/or reg or the new registered office address l | istered office address on our records, <u>enter the na</u> nere: | ime of the new regi |
| <u>N</u> a | ame of New Registered Agent: | | |
| <u>No</u> | w Registered Office Address: | | |
| | | Enter Florido street address | |
| | | , Florida | |
| | | City | Zip Code |

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H20000431645 3)))
MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department's | be specific and cannot be prior to ck does not meet the applicab | date of filing or more than 90 days | ptional) after filing.) Pursuant to 605.0 this date will not be listed |
| ecord specifies a delayed effective s filed. | date, but not an effective tim | e, at 12:01 a.m. on the earlier of | f: (b) The 90th day after |
| December 17 | . 2020 | | |
| | signature of a member or authori | zed representative of a member | <u> </u> |
| | | | |

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