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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

ä

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703

Fax Number

: (718)504-7890

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

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April 29, 2022

FLORIDA DEPARTMENT OF STÄTE

TAMIAMI TRAIL REALTY HOLDINGS LLC 1679 E. 19 ST., STE. 2A BROOKLYN, NY 11229

SUBJECT: TAMIAMI TRAIL REALTY HOLDINGS LLC

REF: L20000376242

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6051.

FAX Aud. #: H22000152758 KYLE D BRUMBLEY

Regulatory Specialist II Supervisor Letter Number: 522A00009992

Registration Section

17183041175 From: Alexander Englard

(((H2200C152758 3)))

OccuSign Envelope ID: 52750B88-8D4C-41B8-A696-12DC30B0E0F8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMIAMI TRAIL REALTY H					
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appears on or cability Company)	in records.)		
The Articles of Organization for this Limited Liabi Florida document number L20000376242	lity Company	were filed on 12/09/2	2020	and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
The new name must be distinguishable and end with the wor	ds "Limited Liab	ility Company," the design	ation "LLC" or the abb	neviation "L.L. (/n **
Enter new principal offices address, if applicable:		7901 4TH ST N	STE 300 ST.	î-c	2022
(Principal office address MUST BE A STREET)		PETERSBURG,	FL 33702	 تع مو	~
				:: > - -: 	H \\Y
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1679 E 19TH ST		45 45 45	2 PH 3:
		BROOKL 114, 14	1 (122)		
B. If amending the registered agent and/or registered agent and/or the new registered offic	<u>e address her</u>	ffice address on our e: REGISTERED AG		ne name of	the new
Name of New Registered Agent:					
New Registered Office Address:	7901 4TH ST N STE 300 Enter Florida street address				
	ST. PETER	RSBURG	Florida <u>337</u>	702 Zip Coske	
New Registered Agent's Signature, if changing Reg	istared Apent	•		Dip Corn	
New Registered Agent's Signature, it changing Reg	astered vegent:	<u>.</u>			

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 officerabless. I hereby confirm that the limited liability company has been notified in writing of this change. [Init Gordic

If Changing-Registered Agent, Signature of New Registered Agent

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Page: 5 of 6

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17183041175

Occusign Envelope ID: 52750B88-8D4C-41B8-A696-12DC30B0E0F8
It amenuing the Managers or Authorized Member being added or removed from our records:

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
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E. Effective date, if other than the da (The effective date must be specific, cannot lead the date this document is filed by the Floric	be prior to date of receipt or filed date and cam da Department of State)	not be more than 90 days after
Dated 4/29	2022	
	— DocuSigned by:	
	Ariel Gordik	
	culture of interesting or authorized representa	nive of a member
Ariel Gorelik		
	Typed or printed name of signe	e

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