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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

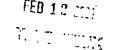
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 335 KENILWORTH LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

335 KENILWO				_
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears o ility Company)	n our records.)		
he Articles of Organization for this Limited Liability Company we	ere filed on	01/25/2021	and	assigned
lorida document numberL21000022202				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liability	y company here	<b>:</b>		
he new name must be distinguishable and contain the words "Limited Liability	Company," the desi	gnation "LLC" or the ab	breviation	"L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS			<del></del>	
			<del></del>	<del></del>
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our rea	cords, <u>enter the nan</u>	ge of the	new regis
New Registered Office Address:		<u></u>	j.	<u></u>
	Enter Florid	ia street address	÷ ,	***
	City	, Florida _	· Zip (	inde :
	City		. <i>Σφ</i> (	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of t ovided for in C	ny auries, ana 1 am hapter 605, F.S. Or	jamiiia ; if this	r:wiin ana <mark>document</mark>

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

, \_ -, EUZ1 1:16 PM

Title	Name	Address	Type of Action
MGR	Paul Stevens	22B Marlin Lane	<b>=</b> Add
		Key Largo, FL 33037	□Remove
			□Add
			CRemove
			Change
			DAdd
			DRemove
			□ Change
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Note: If the o	te, if other than the date of late is listed, the date must be speci- date inserted in this block does iffective date on the Department	s not meet the applicable s	e of filing or more than 90 tatutory filing requirer	(optional)days after filing.) Pursuant nents, this date will not b	to 605,0207 (3)( se listed as the
record speci d is filed.	ifies a delayed effective date, b	out not an effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
Dated	February 11	2021			*** ** / **
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_	Signatur	re of a member or authorized		ized Represen	tative