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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	rporations				
	North, LLC.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
·					
	Lori Lucas				
		Name of Person	-	 	
	Menin Development, Inc.				
		Firm/Company			
	101 SE 4th Avenue				
		Address			
	Delray Beach, FL 33483				
		City/State and Zip Code			
	llucas@menin.com	to be used for future annual r	175		
			eport normeano	111	
For further information (concerning this matter, please c				
Lori Lucas			Daytime Tele		
Name	of Person	Area Code	Daytime Tele	phone Number	
Enclosed is a check for (the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Ad Roojstra	<u>Idress:</u> ition Section		
Registration Section Division of Corporations			Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Door North, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/04/2021}{}$ and assigned Florida document number L21000062673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ______ Zip Code City

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

Inamending 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lori Lucas	101 SE 4th Avenue Delray Beach, FL 33483	= Add
			□Remove
			□Change
AMBR	Jordana Jarjura	101 SE 4th Avenue Delray Beach, FL 33483	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
	_		□Remove
			□Change
			□Add
		□Remove	
			[]Change
			□Add
			□Remove
			□ Change

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·	
Note: If the dat	if other than the date of filing:
ne record specifie ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Sept. 16. 2021.
(Sept. 16. 2021. Local Authorized Rep of Rosebud Capital, I. Signature of a member or authorized representative of a member H's Manager
	lacil.
	Lori Lucas Typed or printed name of signee