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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSH ROSS, P.A. Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3102 NEBRASKA, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3102 Nebraska, LLC	many as it now appears on our records.)		
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on February 18, 2021	and assign	ned
Florida document number L21000067764			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.(
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			he new registered
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			 _
			<u>_</u>
		ma of the new i	romietorom
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recurds, enter the ha		eznicica
Name of New Registered Agent:		AN AUG	<u></u>
New Registered Office Address:		S\$\$	E ₹E
Hew Kellsteied Oille Mudiess	Enter Florida street address		LED ROVE
	, Florida	937. f:	Ċ
	City	Ξ 2φ C649	

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.

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	<u>Name</u>	<u>Address</u>	Type of Action
	r _{indus}		 -
			□Remove
			Change
			□Add
			□Remove
			5
			
			🗆 Remove
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			□Add
			□Remove
			□ Chamas

	"The power to adopt, alter, amend or repeal the Operating Agreement
	governing the operation of the Company is vested in its sole member,
	Restoration Properties Group, Inc."
lfan e <u>Note</u>	tive date, if other than the date of filing: (optional) ffective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco	ord 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 iled.
Date	August \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Filing Fee: \$25.00