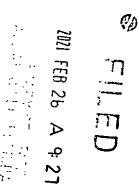
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| (K                      | Requestor's Name)        |
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| Certified Copies        | Certificates of Status   |
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| Special Instructions to | o Filing Officer         |
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Office Use Only

## **COVER LETTER**

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Registration Section

TO:

| Div                | ision of Cor   | porations   |   |   |
|--------------------|----------------|---|---|---|
| OHD IT AT          |                | lass Ave LLC                                      |   |   |
| SUBJECT:           |                | Name of Lim                                       | ited Liability Company  |   |
|                    |                |   |   |   |
| The enclosed       | l Articles of  | Amendment and fee(s) are sub                      | mitted for filing.  |   |
| Please return      | all correspo   | ondence concerning this matter                    | to the following:   |   |
|                    |                | Kristen Castano                                   |   |   |
|                    |                |   | Name of Person  |   |
|                    |                | ACG Development LLC                               |   |   |
|                    |                |   | Firm/Company  | <del></del>   |
|                    |                | 12608 53rd Rd N                                   |   |   |
|                    |                |   | Address   |   |
|                    |                | West Palm Beach, FL 334                           | 11  |   |
|                    |                |   | City/State and Zip Code   |   |
|                    |                | admin@actioneg.com                                |   |   |
| For further in     | nformation c   | n-mail address: ( oncerning this matter, please c | to be used for future annual report no<br>all:                      | otification)  |
| Kristen Cast       |                | b manage production                               | 561 6708407   |   |
| - Kitsich Casi     |                |   | at ()   |   |
|                    | Name o         | f Person  | Area Code Dayti   | me Telephone Number   |
| Enclosed is a      | a check for th | ne following amount:                              |   |   |
| <b>≡</b> \$25,00 F | Piling Fee     | □ \$30.00 Filing Fee &<br>Certificate of Status   | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                    | iling Addres   |   | Street Address:<br>Registration S                                   | ection  |
| Div                | vision of C    | Corporations                                      | Division of Co  | orporations   |
|                    | D. Box 632     |   | The Centre of   |   |
| 121                | llahassee, I   | F に 32314   | 2413 N. Moni  | oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1414 Douglass Avenue 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 02/12/2021 and assigned Florida document number L21000074602 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

## 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.

Florida

Zip Code

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

| <u>Title</u> | <u>Name</u>        | Address                                  | Type of Action             |
|--------------|--------------------|--|----------------------------|
| MGR          | Alexander Pantaleo | 12608 53rd Rd N West Palm Beach FL 33411 | ■Add                       |
|              |                    |  | Remove                     |
|              |                    |  | □Change                    |
| MGR          | Anthony Castano    | 12608 53rd Rd N West Palm Beach FL 33411 | <b>⊟</b> Add               |
|              |                    |  | □Remove                    |
|              |                    |  | □Change                    |
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|                    |  |   |                        |                      |                                | FEB              | 77           |
| _                  |  |   |                        |                      | 21.2<br>21.2<br>21.2<br>4      | 3 26             | parties.     |
| ffooti             | e date, if other than the date of            | 'Glinge                                 |                        | 4                    |                                |                  | in           |
| an effe            | ctive date is listed, the date must be speci | fic and cannot be prior                 | to date of filing or m | ore than 90 days aft | ti <b>onal)</b><br>er filing.) | Pursuant         |              |
| ote:               | f the date inserted in this block does       | s not meet the applic                   | able statutory filin   | g requirements, tl   | ijs date                       | wi <b>lΩ</b> not | be listed as |
| ocum               | nt's effective date on the Departmen         | nt of State's records                   | •                      |                      |                                | 27               |              |
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| record<br>Lis file | specifies a delayed effective date, b        | ut not an effective t                   | ime, at 12:01 a.m.     | on the earlier of:   | (b) The                        | : 90th da        | y after the  |
|                    | <b>.</b> .                                   |   |                        |                      |                                |                  |              |
|                    | 2/23/2021                                    |   |                        |                      |                                |                  |              |
| ated _             |  | • |                        |                      |                                |                  |              |
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|                    | Stangatus                                    | e of a member or suth                   | orized representative  | of a member          |                                |                  | <del></del>  |
|                    | Signatur                                     | e or a meaning or again                 | orn ou reprosentative  | WE WITHOUT           |                                |                  |              |

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Filing Fee: \$25.00