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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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGN DISTRICT RENTALS, LLC

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Page Count	04
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JUN - 3 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGN DISTRICT RENTALS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 03/02/2021	and assigned
Florida document number L21000089694		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
140 NE 71ST ST LLC	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1881 Washington Ave Unit 8G	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL33139	
Enter new mailing address, if applicable:	1881 Washington Ave Unit 8G	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach FL33139	
INAMINE AND ESS MAI DE NI VOIT OF CICE BOX)		
D. If amonding the registered agent and/or resistant office		F.A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
		202
Name of New Registered Agent:		22
New Registered Office Address:		· 美丽
	Enter Florida street address	- C - E
	, Florida	· A 00
	City	Zip Co&
New Registered Agent's Signature, if changing Registered Agent:		Čo

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	Name	Address	Type of Action
MGR	Shaun Nilsson	1881 Washington Ave Unit 8G	
		Miami Beach FL33139	□Remove
			∑ Change
			□Add
			□ Remove
			□Cbange
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the appl	icable statutory filing requires	(optional) days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
record specifies a delayed effective dis filed.	e date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the

Dated	, 2022	·	
Dated June 2nd		Tiffany Masker	
June 2nd Dated		Tiffany Masker borted representative of a memi	per

. . . .

Filing Fee: \$25.00