

4/27/22, 4:19 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000089925

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(((H22000152763 3)))



H22000152763ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MISSOURI 1703 HOLDINGS LLC

| | |
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MAY -8 2022

2022 MAY -2 PM 3:00

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Corporate Filing Menu

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4/29/2022 11:44:56 AM PAGE 1/001 Fax Server



April 29, 2022

FLORIDA DEPARTMENT OF STATE
Division of CorporationsMISSOURI 1703 HOLDINGS LLC
1679 E. 19 ST., STE. 2A
BROOKLYN, NY 11229SUBJECT: MISSOURI 1703 HOLDINGS LLC
REF: L21000089925

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Registration Section

FAX Aud. #: H22000152763
Letter Number: 922A00009992

2022 MAY -2 PM 3:00

DocuSign Envelope ID: 52750B88-8D4C-4188-A696-12DC3080E0F8

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MISSOURI 1703 HOLDINGS 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 03/02/2021 and assigned
Florida document number L21000089925.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7901 4TH ST N STE 300 ST.

PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1679 E 19TH ST STE 2A

BROOKLYN, NY 11229

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:

FLORIDA REGISTERED AGENT LLC

New Registered Office Address:

7901 4TH ST N STE 300

Enter Florida street address

ST. PETERSBURG

City

Florida 33702

Zip Code

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.

Occupied by:
Andi Conlik

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 52750B88-BD4C-41B8-A696-12DC30B0E0F8 ((H2200C0152763 3)))

In amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| | | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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12. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: 4/29 2022

DocuSigned by:

Ariel Gorelik

Signature of a member or authorized representative of a member.

Ariel Gorelik

Typed or printed name of signee

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2022 MAY -2 PM 3:00
TALLAHASSEE
FLORIDA

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