(D



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(((H24000235797 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102 Fax Number : (800)944-6607

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

Email Address:

jwalsh@schlossbergllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAGE REALTY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

T. LEMIEUX

	: +16465129566 To: FL Div. of C	1EC	Page: 2 of 5 07/11/2024	4 4:48
	(OVER LETTER	(((H24000235797 3	3)))
TO: Registration S			•	
Division of Co				
SUBJECT: Cage Real	ty LLC		٠,	
	Name of Limit	ed Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	ondence concerning this matter to	o the following:		
	Jordan A. Walsh, Esq.			
		Name of Person		
	Schlossberg, LLC			
		Firm/Company		
	35 Braintree Hill Park, Suite	: 401		
		Address		
	Braintree, MA 02184			
	-	City/State and Zip Code		
	jwalsh@schlossbergllc.com	·	 	
		be used for future annual report not	ilication)	
	concerning this matter, please cal	l:		
Jordan A. Walsh. E.	sų.	781 848-5028 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration		Registration Se		
Division of C P.O. Box 631		Division of Co The Centre of 1		
Tallahassee,		· ·	se Street, Suite 810	

Tallahassee, FL 32303

From: Ashley

Page: 3 of 5

07/11/2024 4:48 PM

(((H24000235797 3)))

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Linbility Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L21000096891}{L21000096891}$.	were filed on March 5th. 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	751 Garden Commerce Pkwy	$\mathcal{Q}_{\mathcal{D}}$
Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787	C 7
	-	ا ا
		= ;
nter new mailing address, if applicable:		-o [i]
Mailing address MAY BE A POST OFFICE BOX)		= = (
		<u> </u>
		Q D
	address on our records, enter the na	
gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	
gent and/or the new registered office address here:	address on our records, enter the na Enter Florida street address	

Erom.	Ashley
From:	#SDICY

From: Ashley - Fax: +16465129566 To: FL Div. of Corporations Fax: +18506176383 Page: 4 of 5 07/11/2024 4:48 PM

DocuSign Envelope ID: 6256D33D-BA65-443C-967D-D88E9A2DD1EC

If amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added

(((H24000235797 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Richard Ionelli	2707 Rew Circle	□Add
		Ococe, FL 34761	■Remove
			☐ Change
			□Chang e
		□∧dd	
		□Remove	
		□Change	
			□Add
		Remove	
		-	□Change
			□Add
		Remove	
			□ Change
			□Add
		 	□Remove
			□ Change

		(((H24000235797 3)))
If amending any other infor	mation, enter change(s) here: (Attach	additional sheets, if necessary.)
<u></u>		
 		
<u> </u>		
		
		
(If an effective date is listed, the date Note: If the date inserted in thi		ing or more than 90 days after filing.) Pursuant to 605,0207 (3) ry filing requirements, this date will not be listed as the
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after the
Dated June 21	. 2024	
Josef Rettman		
	Signature of a member or authorized representation	entative of a member
Josef Rettman		
	Typed or printed name of si	ignee

From: Aehley - Fax: +16465129566 To: FL Div. of Corporations Fax: +18506176383 DocuSign Envelope ID: 6256D33D-BA65-443C-967D-D88E9A2DD1EC

From: Ashley

Page: 5 of 5 07/11/2024 4:48 PM