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## **COVER LETTER**

|                     | ision of Corp   | porations   |                |  |  |
|---------------------|-----------------|---|----------------|--|--|
| BJECT:              | East Fowler     | Ave LLC   |                |  |  |
| BULC 1.             |                 | Name of Limited Liability Company   |                |  |  |
|                     |                 |   |                |  |  |
| enclose             | d Articles of a | Amendment and fee(s) are submitted for filing.  |                |  |  |
| ase returi          | all correspor   | ndence concerning this matter to the following:                                       |                |  |  |
|                     |                 | Stephen W. Kornas, Esq.   |                |  |  |
|                     |                 | Name of Person  |                |  |  |
|                     |                 | Hanlon Niemann & Wright, P.C.   |                |  |  |
|                     |                 | Firm/Company  |                |  |  |
|                     |                 |   |                |  |  |
|                     |                 | 3499 US 9 North, Suite 1-F  |                |  |  |
|                     |                 | Address   |                |  |  |
|                     |                 | Freehold, NJ 07728  |                |  |  |
|                     |                 | City/State and Zip Code   |                |  |  |
|                     |                 | skornas@hnlawfirm.com   |                |  |  |
|                     |                 | E-mail address: (to be used for future annual report notification)                    |                |  |  |
| r further i         | nformation co   | oncerning this matter, please call:   | 22             |  |  |
| tephen W.           | Komas, Esq.     | 732 863-9900 x110<br>at ( )   | 7021           |  |  |
|                     | Name of         |   | <del>-</del> ( |  |  |
|                     |                 |   | Ü              |  |  |
| closed is           | a check for th  | e following amount:   | $\nearrow$     |  |  |
| ⊃ <b>\$</b> 25.00 F | Filing Fee      | ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status | of Status &    |  |  |

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| East Fowler Ave, LLC  |  |                        |
|---|--|------------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lir  | ompany as it now appears on our records.) mited Liability Company) |                        |
| The Articles of Organization for this Limited Liability Com   | pany were filed on March 2, 2021                                   | and assigned           |
| Florida document number L21000101610  |  |                        |
| This amendment is submitted to amend the following:   |  |                        |
| A. If amending name, enter the new name of the limited  | I liability company here:  |                        |
| The new name must be distinguishable and contain 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 ADDRES   | <u></u>  |                        |
|   |  |                        |
|   |  |                        |
| Enter new mailing address, if applicable:   |  |                        |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                        |
|   |  |                        |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Mice address on our records, <u>enter the na</u>                   | me of the new register |
| agent and/or the new registered office address here.  |  | 每                      |
| Name of New Registered Agent:   |  | <u></u>                |
| New Registered Office Address:  |  | D                      |
|   | Enter Florida street address                                       | =/                     |
|   | , Florida  | 211                    |
|   | City   | 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.

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          | A-1 Lock N' Store, Corp.  | 3499 US 9 North, Suite 1-F | □Add              |
|              |                           | Freehold, NJ 07728         | ■Remove           |
|              |                           |                            | []Change          |
| MGR          | A-1 L&S Corporation, Inc. | 3499 US 9 North, Suite 1-F |                   |
|              |                           | Freehold, NJ 07728         | □Remove           |
|              |                           |                            | □Change           |
|              |                           |                            | □Add              |
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| Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to o     | (optional)  |
| ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records. | e statutory filing requirements, this date will not be listed |
| record specifies a delayed effective date, but not an effective time is filed.  | , at 12:01 a.m. on the earlier of: (b) The 90th day after t   |
| June 1 / 2021   |   |
| ated Mile 1   | •   |
| 1 1 5 /   |   |

Filing Fee: \$25.00

Typed or printed name of signee