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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.

Email Address:			
CHANGET LICERATOR.	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTHWOD RD, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHWOD RD, LLC			
(Name of the Limited Limbility Cor (A Florida Limit	mpany as it now andears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000103502</u>	any were filed on 03/03/2021	and assig	med
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited h	iability company here:		
Northwood Rd, LLC			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the nan</u>	ne of the new	registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florido street address	 	<u> </u>
	. Florida	-	
<u></u>	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		57
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further ag	gree to comply familiar with	y with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with am 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
			□Add
			□Remove
		<u></u>	OChange
			□Add
			□Remove
			- OChange
			🗀 Add
			Remove
			Change
		***************************************	□Add
			□Remove
			□Clange
			□Add
			☐ Remove
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated March 15 2021
Lead Mark
Signature of a member or authorized representative of a member
Reed Mack
Typed or printed name of signee