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236 East 6th Avenue. Tallahassee, Florida 32303

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COVER LETTER

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	108 BL	OOMFIELD LLC					
John John Market	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		MAURA ZISKA, ESQ					
		Name of Person					
		Kochman & Ziska, PLC					
		Firm/Company					
	222	Lakeview Avenue, Suite 1500					
		Address					
	We	West Palm Beach, FL 33401					
		City/State and Zip Code					
		mziska@floridawills.com E-mail address: (to be used for future annual report notification)					
For further information c	oncerning this matter, please c	·					
Maura Ziska, Esq.		561 802-8960 at ()					
Name o	f Person		e Telephone Number				
Enclosed is a check for the	ne following amount:						
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S		Street Address: Registration Sec	ction				
Division of C		Division of Cor					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	108 BLOOMFIELD LLC	mar.
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\
The Articles of Organization for this Limited Liabili	ity Company were filed on MARCH 31, 2021	and assigned:
Florida document numberL21000149703		9.2
This amendment is submitted to amend the following	g:	٠_ ـ
A. If amending name, enter the new name of the	limited liability company here:	
210 Miramar WPB LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name</u> re:	e of the new registere
	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
_	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 Changing Registered Agent, Signature of New Registered Agent

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
			C)Change
			□Remove
			Change
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			Псточе
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Effective	date, if other than the date of filing: (optional) ve 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 605.0207 (3
Note: If	ve 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 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document	's effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
,, a 13 11, c c	
Dated No	ovember 8, 2021
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of a member or authorized representative of a member
	Maura Ziska, its Manager
	Typed or printed name of signee

Filing Fee: \$25.00