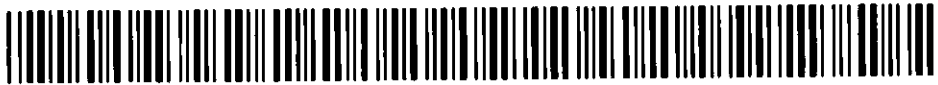


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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786)899-2235
Fax Number : (305)935-9042

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: kleopold@leopoldkorn.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LJSM MABLETON I, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

JUN 07 2021

A. LUNT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJSM MABLETON I, LLC

(Name of the Limited Liability Company as it appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2021 and assigned Florida document number 1,21600174442.

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 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address:

City, Florida 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

AMGR = Authorized Member

Title	Name	Address	Type of Action
MGR	GREGG GOLDBERG	9738 BLUE ISLE BAY	☐ Add
		PARELAND, FL 33076	☒ Remove
			☐ Change
AP	JANA SIGARS-MALINA	9738 BLUE ISLE BAY	☐ Add
		PARELAND, FL 33076	☒ Remove
			☐ Change
MGR	JANA SIGARS-MALINA	9738 BLUE ISLE BAY	☒ Add
		PARELAND, FL 33076	☐ Remove
			☐ Change
AP	GREGG GOLDBERG	9738 BLUE ISLE BAY	☒ Add
		PARELAND, FL 33076	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2021 JUN - 4 PM 3:03
 ST. JOHNS COUNTY
 PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

2021 JUN -4 PM 3: 08
SLOAN HALL OFFSHORE
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: April 14, 2021 (optional)
 If an effective date is listed, the date must be specific and cannot be prior to day or more distant day after filing.) Pursuant to 1015.6297 (3)(b)
 Note: If the date recorded 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.

If 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 record is filed.

Date: _____ Page: 4 _____ 2021

Chen

Signature of a member or authorized representative of a committee

Gregg Goldberg

Types or printed forms of signs