Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000220766 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : : (800)221-2972 Fax Number : (917)243-5343

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

Email Address:

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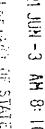
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILKRE 20 MIAMI LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	4.	
WILKRE 20 MIAMI LLC		2021 JUN -3
(Name of the Limited Labili	ty Company as It now appears on our p Limited Liability Company)	ecords.)
(A Florida	Elmifed Elability Company)	COL. I
The Articles of Organization for this Limited Liability C	omnany ware filed on 04/23/20	21
	ompany were med on	and assigned
Florida document number L21000175001	<u></u> .	\$ 50 m
This amendment is submitted to amend the following:		10 mm 0
A. If umending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the designatio	n"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	1974 UISANIA SANDONINO DE ALANDONINO DE ALANDONINO DE ALANDONINO DE ALANDONINO DE ALANDONINO DE ALANDONINO DE

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regis	tered office address on our re-	cords, enter the name of the new
registered agent and/or the new registered office add		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	Cıņ	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

2021-06-03 11:41 CDT - +17188897420 PAGE 3/4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Albert Wilk	1607 Union Ave	D Add
		Hewlett NY 11557	■ Remove
			D Add
			☐ Remove
			□ Add
			Remove
			□ Add
			☐ Remove
			□ Remove

If amendi	ng any other infor	mation, enter change(s) here: (Attach	additional sheets, if necessary.)
		he date of filing: annot be prior to date of receipt or filed date and Florida Department of State)	(optional) cannot be more than 90 days after
Dated M	ΙΑΥ	2021	
		M6	
-		Signature of a member or authorized repres	entative of a member
_	Marina Gru		
		Exped or printed name of s	IGNEC

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