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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:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LTCD SS75, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LTCD \$875, LLC			202		
(Name of the Limit	ed Liability Compa (A Florida Limited	inv as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Life Florida document number    L21000178278  This amendment is submitted to amend the following the content of the content o	<del></del> ·	were filed on 04/16/2021	and assigned to PH 1000		
A. If amending name, enter the new name of	57				
The new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the designation	"LLC" or the abbreviation "L.L.C."		
•		LTCD SS75, LLC			
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		4941 NE 28th Avenue			
1 Artiful Office was to 1200 200 12 Career	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lighthouse Point, FL 3300	6-1		
Enter new mailing address, if applicable:		LTCD SS75, LLC			
iling address MAY BE A POST OFFICE BOX)  P.O. Box U3					
		Aspen, CO 81612			
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our records, <u>e</u>	nter the name of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	333 Las Olas V	·			
		Enter Florida street a			
	Fort Lauderdak	c Citr	_ Florida 33301 Zip Code		
			<i>T</i>		

## 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

Title	Name	Address	Type of Action
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			□Change
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	Saray Djidji, Attorney in Fac	Typed or printed name of sig	nee	ES PH =
	Sign	ture of a member or authorized represen	ntative of a member	(3) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
Dated	ptember 8th	2021		2021 SEP -8
rd is filed.		, but not an effective time, at 12:01	a.m. on the earlier of: (b) Th	<u>1</u>
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Effective	date, if other than the date	of filing:	g or more than 90 days after filing.	) Pursuant to 605.0207
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