Floride Department of State Division of Corporations Floride Department of State Division of Corporations Electronic State Over Sheet

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.

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, -	To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : C T CCRPORATI Account Number : FCA000000023 Phone : (614)290-3338 Fax Number : (954)208-0845	ON SYSTEM		RETALL OF STAT LLANGUSEE, FL	HAY II PH 4: 4
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Electronic Filing Menu

Corporate Filing Menu

Help



company has been notified in writing of this change.

To: 18506176383

DocuSign Envelope ID: 4AB1EFD1-49D3-4049-BD23-05F508E14D4B
• AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

900 Biscayne 801 802 802 LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) hty Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L21000193642</u>	re filed on May 4, 2021	and assigned
This amendment is submitted to amend the following:	ر. با	202
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 C	ompany," the designation "LLC" or the abbreyis	nion"L.L.C."
Enter new principal offices address, if applicable:	ma ma	P
(Principal office address MUST BE A STREET ADDRESS)	चहां	••
(Mailing address MAY BE A POST OFFICE BOX) —	a address on our records enter the	name of the nev
registered agent and/or the new registered office address here:	address on our records, enter the	THE STATE OF
Name of New Registered Agent:		
New Registered Office Address:		
	EnterFloridastreetaddress	
	Florida	
	, Florida Z	ip Cocle
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am famil	liar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

DocuSign Envelope ID: 4A81EFD1-49D3-4049-BD23-05F508E14D4B
II amenuing Authorized rerson(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

To: 18506176383

<u>Title</u>	Name	Address	Type of Action
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To: 18506176383	Page: 5 of 5	2021-05-11 08:09:39 CST	19542080845	From: Ranae McGraw
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ective date, if other than effective date is listed, the da	te must be specific and cannot b	e prior to date of filing or	more than 90 days after	filling.) Pursuant to 605.	0207
<u>te:</u> If the date inserted in t cument's effective date on	his block does not meet the the Department of State's re-	applicable statulory is cords.	iing requirements, tai	s date will not be fiste	:a 115
record specifies a de The 90th day after the	layed effective date, b e record is filed.	ut not an effectiv	e time, at 12:01 a	a.m. on the earlie	er of
April 10	2021				
— DocuSigned by:					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00