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A. RIVERS MAY - 5 2023

COVER LETTER

TG? Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CT 30, LLC SUBJECT:	·		
SUBJECT.	Name of Lim	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:	
	BRIAN R. HERSH		
		Name of Person	
	LAW OFFICE OF BRIAN	R. HERSH	
		Firm/Company	
	1541 BRICKELL AVENU	JE, STE, C-1407	
		Address	
	MIAMI, FLORIDA 33129		
	-	City/State and Zip Code	
	bhershlaw@att.net		
	E-mail address: (to be used for future annual report notif	Scation)
For further information c	concerning this matter, please c	all:	
Brian R. Hersh		305 371-6294	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CT 30, LLC			
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L21000230781	Company were filed on 05/18/2021	and assigned	
	 •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
N/A			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	ne of the new regi	ster
agent unta or the new registered office address here.			
Name of New Registered Agent: N/A			
New Registered Office Address:		-:	٠.
Translation of the Charles.	Enter Florida street address	 	===
	, Florida	<u> </u>	
	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 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
AMBR	ELYCE REMBOS	790 E. BROWARD BLVD., APT. 2200	≣ Add
		FORT LAUDERDALE, FLORIDA 33301	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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document's effective date on the Department of State's rec	plicable statutory filing requirements, this date will not be listed as t
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the record specifies a delayed effective date, but not an effect ecord is filed.	ve time, at 12:01 a.m. on the earlier of (b) The 90th day after the
FEBRUARY 28 2023	
Dated	
Signature of a member of	
STEVEN REMBOS	authorized representative of a member

· Filing Fee: \$25.00