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(((H21000342254 3)))



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Account Number : 120030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOODFIELD 4294 LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| WOODFIELD 4294 LLC  |  |                              |                      |   |  |  |
|---|--|------------------------------|----------------------|---|--|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Lia   | y as it now appears on our records.)<br>ability Company)               |                              | <del></del>          |   |  |  |
| The Articles of Organization for this Limited Liability Company w   | vere filed on 05/20/2021   | and                          | assigned             |   |  |  |
| Florida document number L21000236475  This amendment is submitted to amend the following:   |  |                              | 2021 SF              | ,   |  |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:  | j,                           | 5                    | المعدد المستدان<br>المستدان<br>المستدان<br>المستدان<br>المستدان |  |  |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation "LLC" or th                                | e abbreviation               | ı"L.L;Ğ"             | ー   |  |  |
| Enter new principal offices address, if applicable:   |  |                              | بي<br><u>د</u><br>ف  | <del></del>   |  |  |
| (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 agent and/or the new registered office address here:  | ddress on our records, enter the r                                     | name of the                  | new reg              | <br>istered   |  |  |
| Name of New Registered Agent:   |  |                              |                      |   |  |  |
| New Registered Office Address:  | Enter Florida street address   |                              |                      | <del></del>   |  |  |
|   | , Florida  |                              |                      |   |  |  |
|   | City   | Zip C                        | iode                 |   |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I i<br>provided for in Chapter 605, F.S. | am familiaí<br>Or, if this c | r with an<br>documen | d   |  |  |

## H21000342254 3

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 |
|--------------|-----------------------------|----------------------|----------------|
| MGRM         | WHITE CAR IRREVOCABLE TRUST | 6245 NW 42ND WAY     | <b>⊠</b> Add   |
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| ective date, if o           | other than the date<br>isted, the date must be sp | of filing<br>ecific and | •            |  | filing or mo | re than 90 day | (optional<br>s after filin | l)<br>g.) Pursuan                     | t to 605.020  |
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| cument's effectiv           | e date on the Departi                             | nent of St              | tate's recor | ds.                                    |              |                |                            |                                       |               |
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| ted September J             | 5   |                         | 2021         |  |              |                |                            |                                       |               |
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