10/20/23, 2:47 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Corporate @ obyalaw. (nm

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TH PROPERTY, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TH PROPERTY, LLC | | | |
|---|--|----------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/01/2021 | and assigned | |
| Florida document number L21000237317 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | obreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 900 S Pine Island Rd | | |
| Principal office address MUST BE A STREET ADDRESS) | Suite 670 | | |
| | Plantation FL 33324 | | |
| Inter new mailing address, if applicable: | 900 S Pine Island Rd | | |
| Mailing address MAY BE A POST OFFICE BOX) | Suite 670 | | |
| | Plantation FL 33324 | | |
| 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the nam | e of the new regist | |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | | | |
| | Enter Florida street address | 5: | |
| | , Florida | - £5 | |
| | 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

| Title | Name | Address | Type of Action |
|-------------|------------------|---|-----------------|
| MGR | JAMILA MIRZAYEVA | 900 S Pine Island Rd | |
| | | Suite 670 | |
| | | Plantation FL 33324 | ■ Change |
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| (It an et <u>Note:</u> | tive date, if other than the flective date is listed, the date mu If the date inserted in this b ment's effective date on the D | ist be specific and cannot be lock does not meet the a | e prior to date of filing o applicable statutory fi | r more than 90 days after fili | ng) Pursuant to 605 0207 (3 V |
| If the reco record is f | ord specifies a delayed effectiv filed. | ve date, but not an effec | tive time, at 12:01 a.r | n. on the earlier of: (b) | The 90th day after the |
| Dated | September 22 | 2023 | _ | | |
| 24100 | | |) | | • |
| | | | | | |

Typed or printed name of signee