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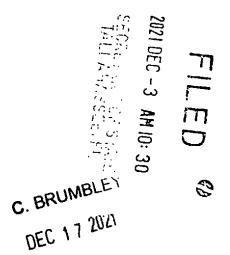
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	•
LFH 2250 I		. •	:
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alex Espenkotter, Esq.		
		Name of Person	
	Heller Espenkotter, PLLC		
		Firm/Company	
	2701 Ponce De Leon Blvd	Suite 301	
	<u> </u>	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Alex Espenkotter, Esq.		305 777-3765	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFH 2250 LLC

(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our re- ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number 1.21000244790	pany were filed on May 25, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
2250 NE 8 Street, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		750 21 I
		DEC T
Enter new mailing address, if applicable:	_	Δ [
(Mailing address MAY BE A POST OFFICE BOX)		og ≥ M
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		ي الزايد
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	îce address on our records, <u>en</u>	ter the name of the new regi ste re
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	_	
	Enter Florida street ac	ldress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	dete performance of my dutie: as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If	Changing Registered Agent, Signati	are of New Registered Agent

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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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			Change
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			□Change

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