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COVER LETTER

TO: Registration S Division of Co				
	mber 101 Delray Triangel LLC			
SUBJECT:	Name of Lin	nited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Clifford D. Rosen			
		Name of Person		
	Rosen Associates			
	<u> </u>	Firm/Company		
	2665 S. Bayshore Drive, S	uite 605B		
		Address		2022
	Miami, FL 33133			
		City/State and Zip Code	:	
	ecastro@rosenassoc.com	to be used for future annua	Leave to the Control	_ 7 3 1
For further information of	e-man address: (concerning this matter, please c		r report notification)	PHIZ: 10
Juani Amago		305 5,	37-4908	···.
Name o	of Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is co	Cert nelosed) Certi	00 Filing Fre, tificate of Status & tified Copy tional copy is enclosed)
<u>Mailing Addre</u> Registration			Address: ration Section	
Division of C	•	Divisio	on of Corporations	
P.O. Box 632 Tallahassee,			entre of Tallahassee V. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	<mark>any as it now appe</mark> Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000298617}{L21000298617}$	/ were filed on <u> </u>	une 28, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	here:	
CDR Member 101 Delray Triangle LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)			262
			<u> </u>
Enter new mailing address, if applicable:	n/a		8
(Mailing address MAY BE A POST OFFICE BOX)			7
training games, 1971 1911 191 (1911 (1911 1911 1911 191		-	
	 -		——————————————————————————————————————
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the n	ame of the new registere
Name of New Registered Agent: n/a			
New Registered Office Address:			
	Enter Fl	orida street address	
	, Florida		
	Cüy		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance c	of my duties, and La	m familiar with and

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 Changing Registered Agent, Signature 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>	<u>Address</u>	Type of Action
			
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			Remove
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e record specifies a delayed rd is filed.	effective date, bu	at not an effectiv	ve time, at 12:0	l a.m. on the ear	ier of: (b) The S	90th day af	ter the
Dated July 08		2022					
20000		—: — -	 ·				

Typed or printed name of signee