8/19/2021



Florida Department of State

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Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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Email #	Address:		· · · · · · · · · · · · · · · · · · ·
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWENTY-TEN FOUR, LLC

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 \$25.00

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A. LUINE

Electronic Filing Menu

Corporate Filing Menu

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From: TAXLEAF.COM CONTADORMIAMI.COM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TWENTY-TEN FOUR, LLC	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Name of the Limited (A	Lighility Company ay it now appears on our re Fiorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number 1.21006350238	ility Company were filed on 08/03/2021	and assigned assigned and assigned as
This amendment is submitted to amend the follow	ing:	6. 17
A. If amending name, enter the new name of the	ne limited liability company here:	_
2410 MG, LLC The new name must be distinguishable and contain the work	5 - Harris Dakilia Capana "the decimation"	*LC" or the objection "LLC"
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	handle before the second to th	and the same and the safety spine are the same and a same to the same of the s
B. If amending the registered agent and/or reg agent and/or the new registered office address		nter the name of the new registered
Name of New Rogistered Agent:		
New Registered Office Address:		
	Enter Florida street a	ditress
		, Florida
	Ciŋ·	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent;	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance of my dutie wed agent as provided for in Chapter (gistered office address, I herchy confir	s, and I am familiar with and 505, F.S. Or, if this ducument is

If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = M$	Januger Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3Xb Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	·}
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (E) The 90th day after the record is filed.	
AUGUST 12TH 2021	
Dated	
Signature of a member or au horized representative of a member	
HENRY AGUILO	