Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2022 SE1 23

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAULE WAY PROPERTY OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J DERINIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

` 	ed Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.)	
•	(A Florida Limited Liability Comp	any)	
The Articles of Organization for this Limited Li	ability Company were filed (on 8/4/2021	and assigned
-	,	·	
Plorida document number 121000353503	 '		
This amendment is submitted to amend the folio	owing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,	" the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE			
Tincipal office dualess most be ASTREE	TADDRESS/		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re		our records, enter the	e name of the new regis
agent and/or the new registered office addres	<u>is here</u> :		
Nome of Nay Projetored Agents			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	En	ter Florida street address	
	En		da

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alexander Redfearn	110 SE 2ND ST #101	☐ Add
		DELRAY BEACH, FL 33444	■Remove
			Change
MGR RL Maule Way, LLC	RL Maule Way, LLC	110 SE 2ND ST #101	= Add
	DELRAY BEACH, FL 33444	□Remove	
			Change
			🗀 Add
		<u></u>	□Remove
			□Change
			□Add
			Remove
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Note: If th	ate, if other to date is listed, the date inserted effective date	in this block o	loes not me	eet the appl	licable stati	filing or more	than 90 day	(optional) s after filing is, this date	.) Pursuant to 6	05.0207 sted as
ne record spe ord is filed.	cifies a delayed	l effective dat	e, but not a	n effective	time, at 12	2:01 a.m. on	the earlier	of: (b) Ti	ne 90th day af	ter the
				2022						
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	ember ————		700	 7	·					
Dated Sept	ember	Sign	artire of a n	member or su	thorized rep	resentative o	fa member			

Filing Fee: \$25.00