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Division of Corporations 9/1/2021 ectronic Filing Cover Shee

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To:

Page: 1 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:				
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Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FL RE Karatz, LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited	inv as it now appears on or Liability Company)	ur revords.)			
The Articles of Organization for this Limited Li	iability Company	were filed on <u>08/16/20</u>	21	and as	ssigned	
Florida document number 1.21000367462						
This amendment is submitted to amend the follo	owing:			220	2021	
A. If amending name, enter the new name of					SEP -	,;
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abb	reviaนิแก ^ล ไ	lt'."	
Enter new principal offices address, if applie	able:	7100 W Camino Real		·	<u> </u>	i
(Principal office address MUST BE A STREE		Suite 404			ب	رسيا
		Boca Raton, FL 3343.	3	ing (r	<u>, C</u>	
Enter new mailing address, if applicable:		7100 W Camino Real				_
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 404				
		Boca Raton, Fl. 33432	3			_
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		address on oar record	s, enter the name	of the no	ew regis	<u>tered</u>
N 79 14 1495 111	7100 W Camir	no Real, Suite 404				
New Registered Office Address:		Enter Florida str	eet address		******	
1	Boca Raton	·	, Florida <u>334</u>	33		
,		City		Zip Code	,	=-
New Registered Agent's Signature, if changing !	Registered Agent:					

Thereby 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Page: 3 of 4

Title	Name	Address	Type of Action
MGR	David Kovacs	7100 W Camino Real	■Add
		Suite 404	□ R cm ove
		Boca Raton, FL 33433	□ Change
			□Rcmove
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			□∧dd
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S. Donald P. Commun.	Dated	T	SPERMING OF A	ocunou or assnort.	ven representativ	coca meniner			
David Kovaes Typed or printed name of signee	Dated								