L2/1000374299

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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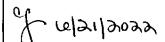


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 754855 7998853 AUTHORIZATION COST LIMIT ORDER DATE: June 17, 2022 ORDER TIME : 9:39 AM ORDER NO. : 754855-040 CUSTOMER NO: 7998853 DOMESTIC AMENDMENT FILING NAME: UNIT 2006 17555 COLLINS LLC EFFECTIVE DATE: XX __ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

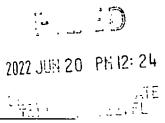
COVER LETTER

| TO: F | Registration Se Division of Co | ection rporations | | |
|------------------|-----------------------------------|--|---|--|
| SUBJEC | - | 17555 Collins LLC | | |
| SOLUCE | | Name of Lir | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please reti | ırn ali correspo | ondence concerning this matter | to the following: | |
| | | Marc A. Benjamin | | |
| | | | Name of Person | ···· |
| | | Benjamin, Gussin & Asso | ciates | |
| | | | Firm/Company | |
| | | 801 Skokie Blvd., STE 10 | 00 | |
| | | · | Address | |
| | | Northbrook, IL 60062 | | |
| | | | City/State and Zip Code | |
| | | kfrench@bgalawfirm.com | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further | information c | oncerning this matter, please o | all: | |
| Marc A. B | Scnjamin | | 847 861-6211 at () | |
| | Name o | f Person | | e Telephone Number |
| Enclosed is | s a check for th | e following amount: | | |
| | Filing Fee | _ | □ \$66.00 PH P 0 | □ 640 00 PW P |
| 4.32 5.00 | rning ræ | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
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| | ivision of Co | | Registration Sec Division of Cor | |
| | O. Box 632 | | The Centre of T | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Unit 2006 17555 Collins LLC

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our r Liability Company) | ecords.) | |
|--|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L21000374299 | were filed on August 19, 2 | 2021 and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation | "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 17555 Collins Avenue, #3 | 3901 | |
| (Principal office address MUST BE A STREET ADDRESS) | Sunny Isles, FL 33160 | | |
| Enter new mailing address, if applicable: | 17555 Collins Avenue, #3 | 3901 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Sunny Isles, FL 33160 | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>e</u> | nter the name of the new registered | |
| New Registered Office Address: | Enter Florida street a | | |
| | | . Florida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my dutie provided for in Chapter 6 | s, and I am familiar with and 605, F.S. Or, if this document is | |

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> | Address | Type of Action |
|--------------|-------------|-----------------------------|----------------|
| Manager | Aaron Tiram | 17555 Collins Avenue, #3901 | |
| | | Sunny Isles, FL 33160 | □ Remove |
| | | | = Change |
| | | | □Add |
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| Fffactive | date if other than the date of filing: (Optional) |
| If an effect | e date, if other than the date of filing: (optional) ive 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 |
| <u>Note:</u> If documen | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. |
| | |
| e record : | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| rd is filed | |
| | |
| | June 17 2022 |
| Dated _ | |
| Dated _ | Diver Kia. |
| Dated _ | Die Lift Jan |
| Dated _ | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00