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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer. | |
| J. HORNE | | |
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Office Use Only



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2022 JUN 20 AMII: 20 SECRETARY OF SIGH TALL AHASSEE, FLOR

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2022 JUN 20 AH 11: 24

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbasses FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| FIIONE: 050-550-1500 |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 754855 7998853 |
| AUTHORIZATION: Spellolena |
| COST LIMIT : \$ 25.00 |
| ORDER DATE : June 17, 2022 |
| ORDER TIME : 9:38 AM |
| ORDER NO. : 754855-025 |
| CUSTOMER NO: 7998853 |
| |
| DOMESTIC AMENDMENT FILING |
| |
| NAME: FEDERAL HIGHWAY-DANIA BEACH LLC |
| EFFECTIVE DATE: |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Alexxis Weiland EXT# |

EXAMINER'S INITIALS:

COVER LETTER

| | Registration S Division of Co | | | |
|------------|----------------------------------|---|---|--|
| CUBIEC | | ighway-Dania Beach LLC | | |
| SUBJEC | 1: | Name of Lin | nited Liability Company | |
| The enclo | osed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| Please ret | urn all corresp | condence concerning this matter | to the following: | |
| | | Marc A. Benjamin | | |
| | | | Name of Person | |
| | | Benjamin, Gussin & Asso | ociates | |
| | | - | 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 no | tification) |
| For furthe | r information | concerning this matter, please o | all: | |
| Marc A. I | Benjamin | | 847 861-6211 at () | |
| | Name (| of Person | | me Telephone Number |
| Enclosed i | s a check for t | he following amount: | | |
| □ \$25.0 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certificate Copy (additional copy is enclosed) |
| | failing Addres | | Street Address: Registration Se | ection |
| | | Corporations | Division of Co | |
| | .O. Box 632 | | The Centre of | |
| Ţ | allahassee, | rl 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION JUH 20 AM 11: 20

SECRETARY OF STATE TALL AHASSEE, FLORES

Federal Highway-Dania Beach LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number L21000377793 | were filed on August 23, 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 here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 17555 Collins Avenue, #3901 |
| (Principal office address MUST BE A STREET ADDRESS) | Sunny Isles, FL 33160 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 17555 Collins Avenue, #3901 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: | iddress on our records, enter the name of the new registered |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy Zip Code |

N

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> | Name | Address | Type of Action |
|--------------|-------------|-----------------------------|----------------|
| Manager | Aaron Tiram | 17555 Collins Avenue, #3901 | |
| | | Sunny Isles, FL 33160 | □Remove |
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| | | | □Remove |
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| an effective of | te, if other than late is listed, the date date inserted in thi ffective date on th | must be specific is block does no | and cannot be prion of meet the appli | cable statutory fili | (option one than 90 days after ng requirements, this | onal) filing.) Pursuant to 605.0207 date will not be listed as |
| record speci | fies a delayed effe | ctive date, but i | not an effective | time, at 12:01 a.m. | on the earlier of: (b | The 90th day after the |
| | June 1 | 17 | 2022 | | | |
| لممعد | ounc. | | | | | |
| ated | | ·- <u>``</u> | | | | |
| ated | | ili | uc 12/201 | norized representativ | e of a mambas | |