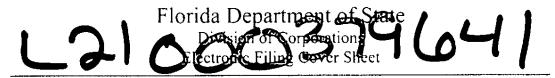
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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLANTIC TOWNHOMES LLC

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From: 17189252027 To: 18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Atlantic Townhomes LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000379641	were filed on $\frac{08/24/200}{1}$	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N -
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		FILE PPA
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
Arthuring undress MAT BE A TOST OF FICE BOXY		2.25
		œ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida str	eet oddress
		, Florida Zip Code
	City	z.p Cone
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic- company has been notified in writing of this change.	e performance of my deprovided for in Chapt	uties, and I am Jamiliar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

17189252027 From:17189252027 To:18506176383

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

Title	Name	Address	Type of Action
AMBR	Aaron Manoucheri	18851 NE 29th Ave, Suite 713	■Add
		Aventura, FL 33180	□Remove
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		<del></del>
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Note: If the date	if other than the date of filing:	605.0207 listed as t
ne record specific and is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day	after the
Dated February	2022	
	Mission Likulator, Signature of a member or authorized representative of a member	_
	Signature of a member or authorized representative of a member	
Miria	am Schwartz  Typed or printed name of signce	_