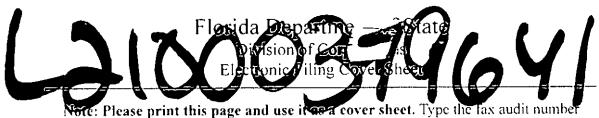
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3/16/22, 2:24 PM

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

Email Address: service@fileitusa.com

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

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MAR 18 2022 T. LEMIEUX From: 17189252027 To: 18506176383

(((H22000098947 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Townhomes LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Torida document number <u>L21000379641</u> .	were filed on 08/24/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil		previation "L.L.C."
Inter new principal offices address, if applicable:	2999 NE 191st Street, Suite 408	
Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2999 NE 191st Street, Suite 408 Aventura, FL 33180	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		022 MAR
Name of New Neglacies (1925).		6 =
New Registered Office Address:	Enter Florida street address 7	
	Florida :	≥ <i>i</i> 5
	City	Z <del>o C</del> ode

## 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.

City

From: 17189252027 To: 18506176383

(((H22000098947 3)))
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
			□Add
			□Remove
			Change
			□ Add
			□ Change
			□Add
			□ Change
		□Remove	
			Change
			□Add
			□Remove
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			□Remove
			Thanve

03/16/2022 14:29 17189252027 From:17189252027 To:18506176383

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. Effective date, if other than the d (If an effective date is listed, the date must Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicab	date of filing or more than 90 de statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 ( ents, this date will not be listed as t
the record specifies a delayed effective ecord is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated March 16	. 2022		
	Missen Lhulet, Signature of a member or authority		
	lignature of a member or authoria	red representative of a member	r
Miriam Schwartz			
	Typed or printed	name of signee	<del> </del>