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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	108 Washington;	Street, LLC			
	Name of Lin	nited Liability Company			
The anclored Articles of	Amondment and foo(s) one sul	annited for filters			
	Amendment and fee(s) are sub	-			
Please return all correspondence	ondence concerning this matter	to the following:			
	Amanda	H. BENDEY ESQ. Name of Person			
	_ Drich. St	Firm/Company			
	1820 NE 11	od Street, Suite 100			
		Address			
	N. Mlami beall	City/State and Zip Code			
	TYV SPYVII O	DOBLALLIM			
	E-mail address: (To be used for future annual report no	tification)		
For further information c	oncerning this matter, please c				
Amanda H. Br	nder 180	at (786) 248 - 11 Area Code Davtir	000		
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$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)		
Mailing Addres Registration S		Street Address: Registration Se	ection		
Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of	l'allahassee		
Tallahassee, I	·L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 29 AM 1:40 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STALL TĂĨĨŢĂĤASSEE, FLORI 9/27/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L</u>21000424943 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 2020 NE 103 STrut, Suite #U-300 Enter new principal offices address, if applicable: N. Mlami Beach, ft. 33162 (Principal office address MUST BE A STREET ADDRESS) 2020 NE 1103 STILLT, SUIT #U-300 Enter new mailing address, if applicable: N. MIAMI BLACK, FL 33162 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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.

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
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