10/8/21, 11:32 AM

Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003765323)))



H210303765323ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083

: (305)932-6262

Phone Fax Number

: (305)933-9393

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

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Q72 REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 1 1 2021

A. LUM

Electronic Filing Menu

Corporate Filing Menu

Help

(((H210003765323)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q72 REALTY, LLC		OCT SET
(Name of the Limited Lightlity Comp	oany as it now appears on our records. Liability Company)	-8 -50 C
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000437381</u>	y were filed on _10/06/2021	and assimpled and assimple assimple and assimple and assimple assimple and assimple assimple and assimple assimple and assimple
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records ere:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	-	orida
	City	, Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

(((H210003765323)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			_ □ Remove
			□ Remove
			
			Remove
			□ Add
			Remove
	~		□ Adć
			Remove
			D Add
			□ Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please correct the Mailing Address, Principal Address and Manager
	Address to: C/O Scott Domansky
	17975 Collins Avenue, Apt. 3902
	Sunny Isles Beach, FL 33160
(The	effective date, if other than the date of filing:
the	date this document is filed by the Florida Department of State) October 7 2021
Dat	Just 1
	Signature of member or authorized representative of a member
	Typed or printed name of signor

2021 OCT -8 AM IO. 13