9/12/22, 12:07 PM

Division of Corporations

Florida Department of State Dispin of Conorshors

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(((H22000314695 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NINTH AVENUE LLC

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To:

(((H22000314695 3))) ARTICÉES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

NINTH AVENUE LLC					
(Name of the Limit)	ed Liability Company (A Florida Limited Liab	as it now appears (othey Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number L21000441815	ability Company wo	ere filed on 10/0	08/2021	and a	ssigned
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabilit	y company here	<u>r</u> :		
The new name must be distinguishable and end with the	words "Limited Liabilit	y Company." the de	signation "LLC" or	the abbreviation	L.L.C."
Enter new principal offices address, if applica	able:				·
(Principal office address MUST BE A STREE	T ADDRESS)				
	_				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SECRETARY	
B. If amending the registered agent and/ registered agent and/or the new registered of		re address on o	our records, <u>en</u>	PH 55:02	of the new
Name of New Registered Agent:	Interstate Age	ent Services,	LLC		<i>(</i>)
New Registered Office Address:	100 SE 2nd S		000 #209	·	
		Enter Plorid		22424	
	Miami	Circ	, Florida	33131 Zin Code	
		1, 11,1		27.3.117	

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

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(((H22000314695 3)))

From: Alexander Englard

(((H22000314695 3))) 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:

2022-09-12 16:12:46 GMT

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action			
						
			□ Remove			
			<u> </u>			
			Add			
			Remove			
						
			D Add			
			Remove			
						
			🗆 Add			
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			Add			

Page: 5 of 6	2022-09-12 16:12.46 GMT	17183041175	From; Alexander Englard
	(((H22000314695 3)))		
D. If amending any other infor	mation, enter change(s) here: <i>(Attach a</i>	dditional sheets, if necessary.)	
·			
E. Effective date, if other than	the date of filing:	(optional)	
(The effective date must be specific, of the date this document is filed by the	annot be prior to date of receipt or filed date and ca e Florida Department of State)	innot be more than 90 days after	
Dated 09/08	2022		
Shauna	Johnson		
	Signature of a member or authorized represen	uative of a member	
Shauna Jol	nnson		
	Typed or printed name of sign	nee	

To:

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