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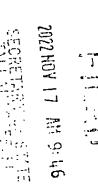
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:\\	5 NW LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	T			
		Name of Person	*`)	
		Firm/Company		
	12550 WG	W 23 AUC Address		
		Address	EDR ME	
	Miami '	City/State and Zip Code	SECRETAL TO	11 17 11 9:46
		City/State and Zip Code		
	E-mail address: (t	to be used for future annual report noti	fication)	.0
For further information c	oncerning this matter, please ca	all:	133	σ
To nices Name o	Feanklin	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	S30.00 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 enclose	
Mailing Address Registration S		Street Address: Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	2.7	The Centre of T	arranassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	VW LL v Company as it	now appears on	our record	<u>s.</u>)		
(A Florida	Limited Liability	Company)				
The Articles of Organization for this Limited Liability Co Florida document number <u>レえいのの</u> りり	ompany were f	ĭled on\	9/2	022	and assig	med
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability co	ompany here:				
		****	III C		um dation 21 1	<u></u>
The new name must be distinguishable and contain the words "Limit	ted Liability Con	ipany, the design	ation "LLC	or the abb	eviation (5.1).	G.
Enter new principal offices address, if applicable:		12550	WW	<u>23 P</u>	<u>、 </u>	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	Miami	FL	3316	<u>f</u>	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addres	12550 Micemi s on our recor	いい たし ds, enter	the name	OF 11 of the new	
Name of New Registered Agent:		<u> </u>				
New Registered Office Address:	12550	WW 23 Enter Florida sa	reet addres	?S		
	Micemi		, FI	orida	33167 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 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
			Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			Add CO Remove Co Remove Co Remove Co Remove Co Remove
		· .	E Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Novomber Signature of a member or authorized representative of a member

bute Firentes Authorised Reprenentative