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| (Bu                                     | siness Entity Name | e)        |  |
| (Document Number)                       |                    |           |  |
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SECRETARY OF STATE

O SIMMONS APR 1 1 2022

## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration<br>Division of C | Section<br>Torporations                      |   |   |  |
|-----------------------------------|--|---|---|--|
|                                   | E 181 STILLC                                 |   |   |  |
| SUBJECT:                          | Name of Lin                                  | uited Liability Company   |   |  |
| The enclosed Articles             | of Amendment and fee(s) are sub              | omitted for filing.   |   |  |
| Please return all corre           | spondence concerning this matter             | to the following:   |   |  |
|                                   | Lior Raviv                                   |   |   |  |
|                                   |  | Name of Person  |   |  |
|                                   | Dixie Capital LLC                            |   |   |  |
|                                   |  | Firm/Cempany  |   |  |
| 420 S. Dixie Hwy                  |  |   |   |  |
|                                   | -  | Address   |   |  |
|                                   | Hallandale Beach, FL, 33                     | 3009  |   |  |
|                                   | ivana@dixiecapital.com                       | City/State and Zip Code   | <del>. ,,,,</del>   |  |
|                                   | E-mail address: (                            | to be used for future annual report not                             | dication)   |  |
| For further informatio            | n concerning this matter, please c           | all:  |   |  |
| Lic                               | or Raviv                                     | 954 477-7707  |   |  |
| Nam                               | e of Person                                  | at ()<br>Area Code Daytin   | ne Telephone Number   |  |
| Enclosed is a check fo            | r the following amount:                      |   |   |  |
| ₹ \$25.00 Filing Fee              | □ \$30.00 Filing Fee & Certificate of Status | 2 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Add</u><br>Registratio |  | <u>Street Address:</u><br>Registration Se                           | ection  |  |
| Division of                       | Corporations                                 | Division of Co  | rporations  |  |
| P.O. Вох б                        | 327  | The Centre of [   | Fallahassee   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 25 AM 6: 41

2529 NE 181 ST LLC

SECRETARY OF STATE

(Name of the ... Imited Liability Company as it now appears on our records LAHASSEE, FL (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabil Florida document number  | ity Company were fi  | led on 12/01/2021   | ;  | and assigned                 |
|---|--|---|--|------------------------------|
| This amendment is submitted to amend the following  | <br>ng:  |   |  |                              |
| A. If amending name, enter the new name of the  | e limited liability co   | mpany here:   |  |                              |
| The new name must be distinguishable and contain the words  | "Limited Liability Com   | pany," the designation  | "LLC" or the abbrevia                      | tion "L.L,C."                |
| Enter new principal offices address, if applicable  | 2:   |   | <u> </u>                                   |                              |
| (Principal office address MUST BE A STREET A.   | DDRESS)  |   | <del></del>                                | <del></del>                  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registagent and/or the new registered office address be  | <br>stered office address  |   | nter the name of t                         |                              |
| Name of New Registered Agent:   |  |   |  |                              |
| New Registered Office Address:  |  | Enter Florida street a  | uldress                                    |                              |
| _   |  | ·   | Florida                                    | .=                           |
|   | •  | 31  | Zių  | ) Code                       |
| New Registered Agent's Signature, if changing Regis   | stered Agent:  |   |  |                              |
| I hereby accept the appointment as registered ag<br>provisions of all statutes relative to the proper a<br>accept the obligations of my position as registere<br>being filed to merely reflect a change in the regis<br>company has been polified in writing of this chai | nd complete perfor<br>ed agent as provide<br>stered office addre | mance of my dutie<br>ed for in Chapter (<br>ss. I hereby confir | rs, and Lam famili<br>805, F.S. Or, if thi | ar with and<br>s document is |

If Changing Registered Agent, Signature of New Registered Agent

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>            | <u>Address</u>             | Type of Action  |
|--------------|------------------------|----------------------------|-----------------|
| AMBR         | Abderrahmane Guennou   | 140 Dixie Highway Apt. 622 |                 |
|              |                        | Hollywood, FL, 33020       | <b>∡</b> Remove |
|              |                        |                            | □Clumge         |
| AMBR         | Abderrahmane Guennouni | 21083 NE 8 AVE.            | ズ₁Add           |
|              |                        | Miami, FL, 33179<br>——     | □Remove         |
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| Note: If the                    | ite, if other than the date<br>date is listed, the date must be sp<br>date inserted in this block d<br>effective date on the Departi | oes not meet the applicabl            | date of filing or more<br>e statutory filing re | (optional)<br>than 90 days after filing.) Pu<br>quirements, this date wil | rsuant to 605.0207 (3),<br>I not be listed as the |
| he record spec<br>ord is filed. | ifies a delayed effective date   | e, but not an effective time          | c, at 12:04 a.m. on t                           | he earlier of: (b) The 9  | 0th day after the                                 |
| Dated                           | March 22   | 2022                                  | · K   |   |   |
| -                               | Signa  | dure of a member or authoriz          | ed représentative of r                          | ı member  |   |
|                                 |  | LIOR RAV                              | v V   |   |   |
| _                               |  | Typed or printed r                    | rame of signee                                  |   |   |