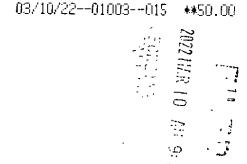
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PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
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(D	ocument Number)	
Certified Copies	Certificates of	Status
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1319 MERIDAN APARTMENTS, LLC
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

1.

2.

3.

5.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1319 MERIDIAN APARTMENTS, I				
(Name of the Limited (/	Liability Compa Florida Limited	iny as it now appears on our records Liability Company)	<u></u>)	
The Articles of Organization for this Limited Liab	bility Company	were filed on 01/04/2022	and assigned	
Florida document number L22000002706				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	de "Limited Linhi	lity Company "the decimation "LLC"	or the abbinuistic at LC"	
Enter new principal offices address, if applical		1545 NW 8TH AVE #115	or the abbreviation E.E.C.	
Principal office address MUST BE A STREET		MIAMI, FL 33136		
			- 5	
			173 273 270	
Enter new mailing address, if applicable:		PO BOX 403783	ر د	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI BEACH, FL 33140	7.7	
B. If amending the registered agent and/or registered affice address Name of New Registered Agent:	<u>here</u> :	address on our records, <u>enter t</u> NAGEMENT & INVESTMENTS		
	1545 NW 8TH AVE #115			
New Registered Office Address:		Enter Florida street address		
	MIAMI	Flo	rida ³³¹³⁶	
		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.

> /S/SIDNEY KAHN 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
MGR	GURMAN, CHAIM	PO BOX 403783	
		MIAMI BEACH, FL 33140	□Remove
			■ Change
MGR FISHER, MICHAEL	PO BOX 403783	□Add	
		MIAMI BEACH, FL 33140	□Remove
			■ Change
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ective date, if other than the a cffective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be	prior to date of fi	ling or more than 90	(optional) days after filing.) P	ursuant to 605,020
cument's effective date on the De	partment of State's rec	ords.	ny mng require.	icitis, tills date wi	in not be fisted a
cord specifies a delayed effective s filed.	date, but not an effect	ive time, at 12:0	I a.m. on the ear	lier of: (b) The 9	90th day after the
ed MARCH 7TH	2022				
	/S/SIDNE	Y KAHN			

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