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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RASI  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MALCHOOT18, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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2022 MAR 16 AM 9:59

2022 MAR 16 PM 3:53

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALCHOOT18, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/14/2022 and assigned  
Florida document number L22000017429.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Samuel Pavlovsky

New Registered Office Address: 174 Evergrene Pkwy  
Enter Florida street address

Palm Beach Garden Florida  
City

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.*

Samuel Pavlovsky  
If Changing Registered Agent, Signature of New Registered Agent

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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

| Title | Name               | Address                                           | Type of Action                                                             |
|-------|--------------------|---------------------------------------------------|----------------------------------------------------------------------------|
| AMBR  | Samuel Pavlousky   | 174 Evergrene Pkwy<br>Palm Beach Gardens FL 33410 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR  | Samuel Pavlovsky   | 174 Evergrene Pkwy<br>Palm Beach Garden, FL 33410 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| AMBR  | Rashelle Pavlovsky | 174 Evergrene Pkwy<br>Palm Beach Garden, FL 33410 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                    |                                                   | <input type="checkbox"/> Add                                               |
|       |                    |                                                   | <input type="checkbox"/> Remove                                            |
|       |                    |                                                   | <input type="checkbox"/> Add                                               |
|       |                    |                                                   | <input type="checkbox"/> Remove                                            |
|       |                    |                                                   | <input type="checkbox"/> Add                                               |
|       |                    |                                                   | <input type="checkbox"/> Remove                                            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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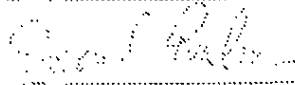
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 10 2022



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Samuel Pavlovsky-Member

\_\_\_\_\_  
Typed or printed name of signer