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2007 MAY 31 AM 9: 09
SECKE LARY OF STATE
TALL AHASSEE. FL

## **COVER LETTER**

| FO: Registration So<br>Division of Cor |   |   |
|--|---|---|
| Armar Bloo                             | om, LLC, a Florida limited liabil                         | lity company  |
| SUBJECT:                               | Name of Limit   | ed Liability Company  |
| The enclosed Articles of               | Amendment and fee(s) are subn                             | nitted for filing.  |
| Please return all correspo             | ondence concerning this matter to                         | o the following:  |
|  | Joshua A. Berman  |   |
|  | <del></del>   | Name of Person  |
|  | Joshua A. Berman, PLLC                                    |   |
|  |   | Name of Limited Liability Company  Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  Joshua A. Berman  Name of Person  Joshua A. Berman  PLLC  Firm Company  Address  Miami, Florida 33132  City/State and Zip Code  Assistant@JoshuaABerman.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (305 239-9437)  Area Code  Daytime Telephone Number |
|  | 1717 North Bayshore Drive                                 | . Suite 212   |
|  | <del></del>   | Address   |
|  | Miami, Florida 33132                                      |   |
|  |   | City/State and Zip Code   |
|  | <del>-</del>  |   |
| For further information e              | t:-mail address: (to<br>oncerning this matter, please cal |   |
| Joshua Berman                          |   | 305 239-9437  |
| Name o                                 | f Person  | Area Code Daytime Telephone Number  |
| inclosed is a check for the            | he following amount:                                      |   |
| ■ \$25.00 Filing Fee                   | •   | Certified Copy Tile Certificate of Status & Certified Copy  |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

## DocuSign Envelope ID: 205E0517-3120-498F-9CF1-D703C5E9AA51 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2027 MAY 31 AM 9: 09

Armar Bloom, LLC

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

TALLAHASSEE, FL

| The Articles of Organization for this Limited L  | iability Company  | were filed on January 20                                  | ), 2022  | and assigned                   |
|--|---|---|--|--------------------------------|
| Florida document number L22000021766   | ·   |   |  |                                |
| This amendment is submitted to amend the foll  | owing:  |   |  |                                |
| A. If amending name, enter the new name o  | of the limited liabi  | lity company here:  |  |                                |
| The new name must be distinguishable and contain the v   | vords "Limited Liabili                                      | ty Company," the designation                              | on "LLC" or the abbrevia                       | tion "L.L.C."                  |
| Enter new principal offices address, if applie   | cable:  |   | ,  |                                |
| (Principal office address MUST BE A STREE  | ET ADDRESS)   |   |  | <del></del>                    |
|  |   |   | <del></del>                                    |                                |
| Enter new mailing address, if applicable:  |   | - 52<br>  |  |                                |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |  |                                |
|  |   |   |  |                                |
| B. If amending the registered agent and/or agent and/or the new registered office addresses  |   | ddress on our records                                     | , enter the name of t                          | the new registered             |
| agent and/or the new registered office addre   | .ss nere.   |   |  |                                |
| Name of New Registered Agent:  | Jonathan Leder  | PLLC  |  |                                |
| New Registered Office Address:   | 1717 North Bay  | shore Drive, Suite 215                                    |  |                                |
|  |   | Enter Florida stre  | et address                                     |                                |
|  | <u>Miami</u>  |   | Florida 33132                                  |                                |
|  |   | Ciţv  | Zi   | p Code                         |
| New Registered Agent's Signature, if changing  | Registered Agent:   |   |  |                                |
| I hereby accept the appointment as registere<br>provisions of all statutes relative to the prop<br>accept the obligations of my position as reg<br>being filed to merely reflect a change in the<br>company has been notified in writing of this | oor and complete<br>istered agent as p<br>registered office | performance of my du<br>provided for in Chapte            | ities, and Lam famil<br>vr 605, F.S. Or, if th | iar with and<br>is document is |
|  | Jona  | ullian leder  |  |                                |
|  |   | 588778814 <u>50</u><br>ging Registered Agent, <u>Si</u> g | mature of New Register                         | ed 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> | Address      | Type of Action |
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| ective date, if <del>ather tha</del> n th  | ne d <del>ate of filing</del>                 | · <del></del>               | (opti   | ienal)   | _                                       |
| n effective date is fisted, the date in  | ust be specific and cannot be p               | rior to date of filing or r | nore than 90 days afte                        | r filing.) Pursuant to 60;                       | 5.0207                                  |
| <u>te:</u> If the date inserted in this l  | block does not meet the app                   | blicable statutory filir    | ng requirements, thi                          | is date will not be list                         | ed as t                                 |
| cument's effective date on the   | Department of State's recor                   | ras.                        |   |  |   |
|  |   |                             |   |  |   |
| ecord specifies a delayed effect   | ive date, but not an effectiv                 | e time, at 12:01 a.m.       | on the earlier of: (I                         | o) The 90th day after                            | r the                                   |
| is filed.  |   |                             |   |  |   |
|  |   |                             |   |  |   |
| ted May 27   | 2022  |                             |   |  |   |
|  | <u> </u>                                      | ·                           | <br>  | •  |   |
| 11   |   | 20                          |   |  |   |
| THE STATE OF THE S | Signature of a member or a                    |                             |   |  |   |

Typed or printed name of signee