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From:

2022 FEB 25

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Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4811 ADAMS STREET LLC

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T. LEMIEUX MAR 0 1 2022

## ARTICLES OF AMENDMENT . **TO** ARTICLES OF ORGANIZATION **OF**

4811 Adams Street LLC		<u>.</u> .	$\boldsymbol{\mathcal{G}}$
(Name of the Limited Lia (A Flo	ibility Company a orida Limited Liabi	s it now appears on our r lity Company)	'ecords.)
The Articles of Organization for this Limited Liabilit	y Company wer	re filed on 01/28/2022	and assigned
Florida document number L22000031662	·	·	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	imited liability	company here:	
he new name must be distinguishable and contain the words "l	Limited Liability C	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, 		
Principal office address MUST BE A STREET AD	DRESS)		
			<u> </u>
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	_		
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address here</li> </ol>	red office addr e:	ess on our records, <u>e</u>	nter the name of the new regi
	-		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			<b>N</b>
		Enter Florida street a	ddress
			_, Florida 😅
		City	7.ip Code_
New Registered Agent's Signature, if changing Registe	<u>*</u>		. Ci

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
AMBR	Manuela Inzillo	4100 NW 142nd Street, Unit 101	■Add
		Opa Locka, FL 33054	n
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If an effective date Note: If the date	if other than the date of a listed, the date must be specinserted in this block dottive date on the Departm	cific and cannot be es not meet the a	e prior to date of f	ling or more than 90 ory filing requirem	(optional) days after filing.) Pursu ents, this date will no	ant to 605.0207 of be listed as
e record specific rd is filed.	a delayed effective date,	but not an effec	tive time, at 12:	01 a.m. on the earl	ier of: (b) The 90th	day after the
February	24th	2022				
valle		,	·			

Typed or printed name of signee