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Division of Corporations

Florida Department of State Division of Comprations Electronic Pling Coverance

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARITZ & COLMAN LLP

Account Number : I20000000130 Phone : (561)864-5100 Fax Number : (561)864-5101

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mizzo@baritzcolman.com

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| LLC AMND/RESTATE/CORRECT OR M/MG RESIGN |
|---|
| ENVIRONMENTAL RECULATORY SERVICES LLC |

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | ()474 |
| Estimated Charge | \$25.00 |

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Corporate Filing Monu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 775 JEFFREY STREET LLC | | |
|--|---|---|
| (Name of the Limited Linbility Compan- (A Florida Limited Lin | v ns it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company villorida document number L22000036593 | vere filed on January 19, 2022 | and assigned |
| This amondment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | | |
| The new name must be distinguishable and contain the words "Limited Gabilit | y Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 831 NE 72nd Street | 202 |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33487 | 2 A |
| Principal Office marcis in the property of the | | |
| | | |
| Enter new mailing address, if applicable: | 831 NE 72nd Street | |
| (Mailing address MAY BE A POST OFFICE BOX) | Boca Raton, FL 33487 | 5 5 5 |
| Malling allaress MA F BOA FOST OF FIGE BODY | | |
| B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: | ddress on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Emer Florida street address | |
| | , Florid | n |
| | Clty | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I roylded for in Chapter 605, F.S. | am jamuuar wun ana . Or, if this 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> | Address | Type of Action |
|--------------|-------------------|----------------------|-------------------|
| MGR | Elvira Fainshtein | 831 NE 72nd Street | D∆dd |
| | | Boca Raton, FL 33487 | □Remove |
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|). It smending | any other information, enter change(s) here: (Attach additional sheets, if necessory.) |
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| Note: If the a | te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records. |
| f the record speci coord is filed. | fles a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated April | 7, 2022 |
| | Clivina Fainshtein |
| _ | Signature of a member or authorized representative of a member |
| _ | Ivira Fainshtein |
| | Typed or printed name of signer |