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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870•• 1-800-342-8062 • Fax(850) 222-1222

| 4222/24 EDISON A | VENUE PROP | PERTY, LLC. | | |
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| | | | | Art of Inc. File |
| | | | | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | <u> </u> | Merger File |
| | | | | Art, of Amend, File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | l | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | l | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | <u> </u> | Fictitious Owner Search |
| - 6 | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by: SETH | 02/24/22 | | | UCC 1 or 3 File |
| Name | $\frac{02/24/22}{\text{Date}}$ | Time | | UCC 11 Search |
| Haine | Date | TIME | | UCC 11 Retrieval |
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COVER LETTER

| | egistration Sectivision of Corp | | | |
|---------------|---------------------------------|---|---|---|
| CHDIECT | | SON AVENUE PROPERTY | , LLC · | |
| SUBJECT | : | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspond | dence concerning this matter | to the following: | |
| | | Matthew P. Flores, Esq. | | |
| | | | Name of Person | |
| | | Law Office of Matthew P. | Flores | |
| | | | Firm/Company | |
| | | 1333 Third Avenue S, Suit | e 505 | |
| | | | Address | |
| | | Naples, Florida 34102 | | |
| | | | Name of Limited Liability Company and fee(s) are submitted for filing. P. Flores, Esq. Name of Person ce of Matthew P. Flores Firm/Company ed Avenue S, Suite 505 Address lorida 34102 City/State and Zip Code E-mail address: (to be used for future annual report notification) matter, please call: at (| |
| | | E-mail address: (t | o be used for future annual report n | otification) |
| For further i | information con | cerning this matter, please ca | ll: | |
| Matthew P. | Flores | | | |
| _ | Name of P | erson | Area Code Dayt | ime Telephone Number |
| Enclosed is | a check for the | following amount: | | |
| \$25.00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4222/24 EDISON AVENUE PROPERTY, 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 2/18/22 and assigned Florida document number L22000066775 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| 4222/44 Edison Avenue Property, LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | , |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | _ |
| | 1 |
| | _ |
| Enter new mailing address, if applicable: | П |
| (Mailing address MAY BE A POST OFFICE BOX) | フ |
| | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe | rad |
| agent and/or the new registered office address here: | eu |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| | |
| 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 t 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. | he |
| | |

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 = M AMBR = A | lanager .uthorized Member | | |
|---------------------|------------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to due of filing or more than 90 days after filing, I) Pursuant to 605.0287. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed. Dated February 24 2022 | | | | | | | | | |
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| If an effective date 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated February 24 2022 | _ | | | | | | | | |
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| All the same of th | Pated F | ebruary 24 | | 2022 | | | | | |
| Signature of a member or authorized representative of a member | Jaicu _ | | | · | · · | | | | |
| Signature of a member or authorized representative of a member | | The state of the s | | | | | | | |
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Filing Fee: \$25.00