## h 22 000069201

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## **COVER LETTER**

	Registration Se Division of Cor							
	235 PH08, I	LLC		.,1				
SUBJEC	CT:							
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		STUART R. MORRIS, ES	Q.					
			Name of Person					
		COZEN O'CONNOR						
	Firm/Company							
	7284 W. PALMETTO PARK ROAD							
			Address					
		BOCA RATON, FL 33433						
		City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)							
For furth	er information o	oncerning this matter, please ca	all:					
JENNIF	ER HINES		561 245-6135					
	Name o	f Person	at () Area Code Daytimo	e Telephone Number				
Enclosed	l is a check for th	ne following amount:						
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres	S:	Street Address:					
	Registration S	Section	Registration Sec					
	Division of C	ornarations	Division of Com	porations				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 17 PM 2: 42

235 PH08, LLC

ame of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were tiled on <u>2/18/2022</u>	and assigned
Florida document number L22000069201		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.L.C."
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)		
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		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street addr	ress
	, F	FloridaZip Code
	Cin	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag		

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEREMY STEIN	2232 Widener Terrace	⊡Add
		Wellington, FL 33414	■Remove
			= Change
MGR	STEIN TIME, LLC	2232 Widener Terrace	bbA≣
		Wellington, FL 33414	□Remove
			⊡∧dd
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Filing Fee: \$25.00