L22000013551

(Requestor's Name)	
	Address)	
`	, (00,000)	
(Address)	
	City/State/Zip/Phone #)	
(City/State/Zip/Filotie #)	
		—
PICK-UP	WAIT	MAIL
	Business Entity Name)	
,	Dusiness Endty Manie)	
(Document Number)	
Cortified Conice	Contribution of St	ratue
Certified Copies	Certificates of St	.atus
Special Instructions to	Filing Officer	
opecial mandending to	i ming Officer.	
i		

Office Use Only



700383059787

93/**0**8/22--0:002--002 **100.00

022 HAR - 7 PH 12: 46

2022 MAR -7 PM 3: 57

Anund

HAR 08 2022 I ALBRITTON

CORPORATE When you need ACCESS to the world

ACCESS,

INC.

- 236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

j	CERTIFIED COPY	
C	РНОТОСОРУ	
]	CUS	
3	FILING	LLC AMEND
	CORPORATE NAME AND DOCUM	
(0	CORPORATE NAME AND DOCUM	
(0	CORPORATE NAME AND DOCUM	IENT #)

COVER LETTER

	Registration Se Division of Cor			
SUBJEC'		Avenue Holdings, LLC		
SUBJEC	••	Name of Limit	ed Liability Company	
The enclose	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retu	urn all correspo	ondence concerning this matter t	o the following:	
		Emilia R. Akridge		
			Name of Person	
		Crown Holdings Group, LL	С	
	• • • • • • • • • • • • • • • • • • • •		Name of Limited Liability Company ce(s) are submitted for filing. g this matter to the following: idge Name of Person gs Group, LLC Firm/Company Dunwoody Road, Suite 200 Address O338 City/State and Zip Code mhgroup.com ail address: (to be used for future annual report notification) tor, please call: at (770 391-1233 Area Code Daytime Telephone Number nt: g Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
		4828 Ashford Dunwoody R	oad, Suite 200	
::: <u>[</u> ::]::/	······	<u> </u>	Address	
		Atlanta, GA 30338	·	
	- T	-	•	
·		eakridge@crownhgroup.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to	be used for future annual report notif	fication)
For further	r information co	oncerning this matter, please cal	ll:	
Emilia R.	Akridge	•		
	Name of	f Person		e Telephone Number
Enclosed i	is a chack for th	c following amount:		
	o Filing Fee	□ \$30.00 Filing Fee &	TI SSS OO Filing Fac &	□ \$60.00 EU E
	o i imig ree	Certificate of Status:	-	
		*		Certified Copy
	Iailing Address		Samuel Address	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

308 NE 14 Avenue Holdings, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on February 22, 2022	and assigned
Florida document number 1.22000073557		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22 HAR
		钱上厅
Enter new mailing address, if applicable:		SSS T
(Mailing address MAY BE A POST OFFICE BOX)		E S D
		5
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the n	ame of the new registers
•		
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street address	
	, Florida	
•	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 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
MGR	SLN Investment Partners, LLC	<u>. </u>	4828 Ashford Dunwoody Road, Suite 400	
			Atlanta, GA 30338	Remove
				□Change
MGR	Moshe Manoah		364 Golden Beach Drive	= Add
	wie.		Golden Beach, FL 33160	□Remove
not all all all all all all all all all al				□ Change
	·	<u></u> ;k	·	🗆 Add
		-		[]Remove
			·	□Change
		<u></u>		□Add
		-		□Remove
		* 5.		□Change
				☐ Add
				□Remove
				□Add
				□Remove
				□Change

amending any other inform				
				<u></u>
 				·
				
				
	-	·		
				<u>-</u>
	 			
fective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b cument's effective date on the D	lock does not meet the applica	o date of filing or more that ble statutory filing requ	(optional) in 90 days after filing.) direments, this date v	Pursuant to 605,0207 vill not be listed as
ecord specifies a delayed effectivis is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the	carlier of: (b) The	90th day after the
March 7	2022			
DaiDia &	Signature of a member or author	ized representative of a m	ember	.
Emilia R. Akridge				

Filing Fee: \$25.00