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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 1841 Mian	ni Road, LLC		
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
	ondence concerning this matter to	_	
	Emilia R. Akridge		
		Name of Person	
	Crown Holdings Group, LLG	С	
	No	Firm/Company	
	4828 Ashford Dunwoody Ro		
		Address	 ,
•	Atlanta, GA 30338		
	5_2 2	City/State and Zip Code	
	eakridge@crownhgroup.com		
		be used for future annual report notification)
For further information of	concerning this matter, please cal	1:	
Emilia R. Akridge	•	770 391-1233	
Name o	of Person :	at ()	hone Number
Enclosed is a check for the	he following amount:		
	-	There on the transfer of	7 640 00 PH P
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section	ana.
P.O. Box 632		Division of Corporati The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1841 Miami Road, 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 2/23/2022 effective 2/22/2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
AMBR	SLN Investment Partners, LLC	4828 Ashford Dunwoody Road, Suite 400	□Add
		Atlanta, GA 30338	≅Remove
			□ Change
	· · ·		□Add
		43 <u></u>	□Remove
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Effect	tive date, if other than the date of filing:
(If an eff	fective 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 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
the recor	rd 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
cord is fi	led.
	March 7 2022
Dated	
Dated	
Dated	Stal Dia Da albridge
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00