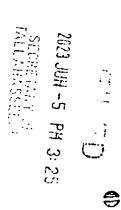
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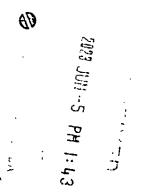
	(Requestor's Name)
	(Address)
	(Address)
	(133, 133)
	(City/State/Zip/Phone #)
	<u></u>
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(dds/ic/3 chirty Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	JUN - 6 2023
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<u> </u>	. <u>.</u>

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/05/2023	_		⇔WALK IN≈
ENTITY NAME_AL & J	IW RE HOLDINGS LLC	C	
DOCUMENT NUMBER_			
	PLEASE FILE THE	E ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Stan		
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: 12016000007	<u> </u>
		E 8 FM	
Please call Tina at a	the above number for c	any issues or concerns. Thank you s	ro much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AIXI	ICEES OF ORGANIZATION	
	OF	<i>3</i> 0. (5)
		on our records.) 9/2022 and assigned
AL & JW RE HOLDINGS LLC		<u> </u>
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
		Sept. My
The Articles of Organization for this Limited L	iability Company were filed on $\frac{03/0}{}$	9/2022 and assigned
Florida document number L22000098077	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
Offshore OfficeXpress LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	sabla:	
• "		
(Principal office address MUST BE A STREE	<u> </u>	
		·
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 rec	ords, enter the name of the new registered
agent and/or the new registered office addre		
Name of New Registered Agent:	Weisman, Lohmann & Studley PLI	C
New Registered Office Address:	1700 E. Las Olas Blvd., STE 207	
rew regimered office (stations).	Enter Floria	a street address
	Ft. Lauderdale	, Florida 33301
	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 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	The TRES Group	1700 E. Las Olas Blvd., STE 203	= Add
		Fort Lauderdale, FL 33301	Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
	<u> </u>		
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ective	date, if other th	an the date of	filing:				(option	al)	
effectiv t <u>e:</u> If t	re date is listed, the one date inserted in seffective date o	date must be specif	fic and cannot not meet t	ot be prior to he applicab	date of filing le statutory	or more than 9 filing require	0 days after fil	ing.) Pursuant t	o 605.020° c listed as
cord sp s filed.	ecifies a delayed	effective date, bu	ut not an ef	Tective time	e, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day	after the
	e 5		20	23					
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ted		Signature	of a memb	er or authori	zed representa	ative of a men	ber		_