4/6/22, 3:55 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000125960 3)))



H220001259603ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2621/2623 SECOND ST LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000125960 3)))

2621/2623 SECOND ST 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 03/01/2022 Florida document number L22000106559	_ 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 abbre-	viation "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)	
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent:	f the new registere
Now Professed Office Address	-6 PE
New Registered Office Address: Enter Florida street address	3
, Florida	Tap Code U
New Registered Agent's Signature, if changing Registered Agent:	De G

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.

P 3

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
AMBR	STACEY CARACOLA	70 CENTERPORT RD	≅ Add
		GREENLAWN, NY 11740	□ Remove
			□Change
AMBR	JOHN FERRARA	31 TRENTON AVE	🗀 Add
		E ATLANTIC BEACH, NY 11561	□Remove
			\ \BChange
AMBR	NICOLE T SUGRUE	31 TRENTON AVE	
		E ATLANTIC BEACH, NY 1156	□Rcmove
			Change
AMBR	JON CARACOLA	70 CENTERPORT RD	□∧dd
		GREENLAWN, NY 11740	Reinove
			\BChange
			DAdd
			□Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's offective date on the Department of State's records. record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.					
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