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OF APR 18 PM 3: 04

T. MATTHEWS MAY 25 2022

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	7510 NW 44TH CT, LLC						
JOBSECT.		Name of Lim	ited Liability Company				
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	_				
		David Greenbaum					
			Name of Person				
			Firm/Company				
		9999 Sheridan Street, STE	100				
			Address				
		Cooper City, FL 33024					
		dmg187@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For further in	nformation co	oncerning this matter, please ca	all:				
David Green	ibaum		954 447-0606 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	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)			
	iling Address gistration S		Street Address: Registration Sec	etion .			

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

TO:

Registration Section

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILE STATE STATE OF OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS

7510 NW 44TH CT, LLC

22 APR 18 PM 3: 04

(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 03/04/2022 and assigned Florida document number L22000112063 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 "L.L.C." 9999 Sheridan Street Enter new principal offices address, if applicable: **STE 100** (Principal office address MUST BE A STREET ADDRESS) Cooper City, FL 33024 9999 Sheridan Street Enter new mailing address, if applicable: STE 100 (Mailing address MAY BE A POST OFFICE BOX) Cooper City, FL 33024 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: 9999 Sheridan Street, STE 100 New Registered Office Address: Enter Florida street address _, Florida 33024
Zip Code Cooper City

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.

City

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
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			Remove
			□Add
			□Remove
			□Change
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ective date, if other than effective date is listed, the date e: If the date inserted in this ament's effective date on the	must be specific and s block does not i	d cannot be prior to meet the applical	date of filing or ole statutory fil	more than 90 days	optional) safter filing.) Pu s, this date wil	rsuant to 605.020 I not be listed a
ord specifies a delayed effe filed.	ctive date, but no	t an effective tim	ie, at 12:01 a.m	on the earlier	of: (b) The 90)th day after th
ed March 24		, 2022				
	20					
		member or author		_		