L22000119021

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUDJEC | AJ 2728, L | LC | | | | |
| SUBJEC | 1: | Name of Lin | nited Liability Company | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | | |
| | | Dustin Sher | | | | |
| | | | Name of Person | | | |
| | | Dorot & Bensimon PL | | | | |
| | | | Firm/Company | | | |
| | | 20295 NE 29th PL Suite 2 | 201 | | | |
| | | | Address | | ~ | 1 1 7 |
| | | Miami, FL 33180 | | | Ţ. | |
| | | | City/State and Zip Code | | ı | |
| | | corporate@dorbenco.com E-mail address: (| to be used for future annual report notif | ication) | | <u>5</u> |
| For furthe | r information co | oncerning this matter, please c | all: | | | : |
| Dustin Sh | | | at (305) 921-9421 | | | ۔ |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed i | s a check for the | e following amount: | | | | |
| ■ \$25.00 |) Filing Fce | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |
| R D P | lailing Address egistration Solivision of Co. O. Box 6327 allahassee, F | ection orporations | Street Address: Registration Sectorision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | orations Illahassee Street, Suite 810 |) | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AJ 2728, LLC | | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) liability Company) | |
| The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.22000119021}{1.0000119021}$. | were filed on 03/08/2022 | and assigned |
| this amendment is submitted to amend the following: | | |
| a. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | 4.3 7.1 2.3 |
| Principal office address MUST BE A STREET ADDRESS) | | : : : : : : : : : : : : : : : : : : : |
| | | |
| | | 9 . |
| nter new mailing address, if applicable: | | |
| Jailing address MAY BE A POST OFFICE BOX) | | in it |
| | | <u> </u> |
| . If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter th</u> | e name of the new registe |
| Name of New Registered Agent: | _ | |
| New Registered Office Address: | Enter Florida street address | |
| | nnter r torida street address | |
| | , Floric | da |
| | UM | z.iji Coae |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------------|----------------------------|-------------------|
| MGR | MONTAGNA DE SANTIS, JOSE | 300 HOLIDAY DRIVE | □Add |
| | | HALLANDALE BEACH, FL 33009 | ≣Remove |
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| (If an effective Note: If the | ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior date inserted in this block does not meet the applic effective date on the Department of State's records. | able statutory filing requirements, this di | ng.) Pursuant to 605.0207 (3)(h) |

Dated MAY 4 Signature of a member or authorized representative of a member DUSTIN SHER

lf

Typed or printed name of signee