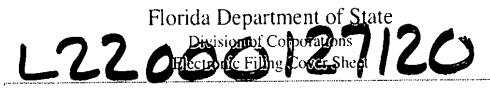
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Division of Corporations

→ 18506176383



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 4116 NW 5TH AVE LLC Certificate of Status Certified Copy Page Count

Estimated Charge

Electronic Filing Menu Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co<br>(A Florida Lin                | ompany as it now appears on our records.) ited Liability Company) |                        |
|--|---|------------------------|
| he Articles of Organization for this Limited Liability Comp        | pany were filed on March 30, 2022                                 | and assigned           |
| orida document number L22000127120                                 |   |                        |
| nis amendment is submitted to amend the following:                 |   |                        |
| If amending name, enter the new name of the limited                | liability company here:   |                        |
| 116 NW 5th Avenue LLC  |   |                        |
| ne new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the                  | abbreviation "L.L.C."  |
| nter new principal offices address, if applicable:                 |   |                        |
| Principal office address MUST BE A STREET ADDRES                   | S)  |                        |
|  |   |                        |
|  |   |                        |
| nter new mailing address, if applicable:                           |   |                        |
|  |   |                        |
| Mailing address MAY BE A POST OFFICE BOX                           |   | <del></del>            |
|  |   |                        |
| 3. If amending the registered agent and/or registered of           | fice address on our records, enter the na                         | me of the new register |
| gent and/or the new registered office address here:                |   | ~                      |
|  |   | - 2                    |
|  |   | - 22                   |
| Name of New Registered Agent:                                      |   | 72 Juj                 |
|  |   | 72 JUN 3               |
| Name of New Registered Agent:  New Registered Office Address:      | Enter Florida street address                                      | 72 JUN 30              |
|  | Enter Florida street address<br>Florida                           | 22 JUN 30 AM           |
|  | <del>-</del>  | Zip Codlecco           |
|  | , Florida   | 22_UN 30 AM 30:57      |

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 |

| Title       | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| lote:                     | (optional)  fective date, if other than the date of filing:   |
| r <b>c</b> cor<br>d is fi | 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 iled. |
| ated                      | June 29 /7 2022   |
| aicu                      |   |
|                           | Signature of a member or authorized representative of a member  |
|                           | digitative of a member of authorized representative of a member   |
|                           | Daniel Kaskel   |
|                           | Typed or printed name of signee   |