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Page: 1 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FP NW 59 OWNER LLC

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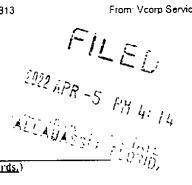
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Help

K. SALY

APR - 6 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FP NW 59 OWNER 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 Compa	any were filed on $\frac{4/4/2022}{}$	and assigned
Florida document number 1.22000138831		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	3353 NW 74 Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33122	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	,
	, Flo	orida
	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 = 1 $AMBR = 1$	Manager Authorized Member		
Title	Name	Address	Type of Action
			□Add
			Remove
			UChange
			□Add
			Remove
			Change
			LIAdd F
			☐ Change ☐ Change ☐ Remove
			□Change
			∐Add
	<u> </u>		 -
			Remove
			□Add
			URemove
			Change
			∏Remove
			©Change

From: Vcorp Services, LL

			LINE APR-5
			7. 50
			193

ffective date, if other than the	date of filing:	(optional)
an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Do	it be specific and cannot be prior ock does not meet the applic	able statutory filing requirement	after filing) Pursuant to 605,0207 i, this date will not be listed as
record specifies a delayed effectiv Listifled.	e date, but not an effective ti	me, at $12:01$ a.m. on the earlier ϵ	nf: (b) The 90th day after the
ated April 5th	2022		
arcu	<u> </u>		

Typed or printed name of signee