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COVER LETTER

TO: Registration Division of	i Section Corporations		
1605 SI SUBJECT:	E 10th St ELC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Maximilian Schopen De M	lelo	
		Name of Person	
	MXP Group LLC		
		Firm/Company	
	6900 E Camelback Rd Stef	1 860	
		Address	
	Scottsdale, AZ 85251		
		City/State and Zip Code	
	accounting@mxp-group.com	n to be used for future annual report noti	fection)
For further information	on concerning this matter, please ca		icent////
Maximilian Schopen		480 907-9660 at () Area Code Daytin	
Nan	ae of Person	Area Code Daytin	e Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1605 SE 10th St LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000185563	were filed on $\frac{4/19/22}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
915 Ponce De Leon Dr LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6900 E Camelback Rd Ste #860	e
(Principal office address MUST BE A STREET ADDRESS)	Scottsdale, AZ 85251	2022 1
		至皇
Enter new mailing address, if applicable:	6900 E Camelback Rd Ste#860	17 P
Mailing address MAY BE A POST OFFICE BOX)	Scottsdale, AZ 85251	F. 2.
		26 Miles
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	6 (1)	
	Enter Florida street address	
	, Floric	la Zin Code
	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 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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			□Change
			□Add
			∑ % Remove
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	e, if other than t	he date of fili	ng:		(optional)		
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