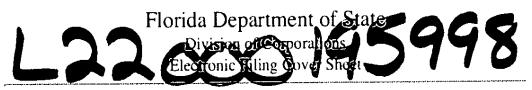
Division of Corporations

→ 18506176383



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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.

Email	Address:			
-morr	Variable:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHILL 163RD LLC

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Page Count	04
Estimated Charge	\$25.00

⊙ 05/19/2022 9:16 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHILL 163RD LLC						
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number 122000195998	were filed on 05/12/2022	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:					
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the a	hbreviation "L.L.C."				
Enter new principal offices address, if applicable:	250 West Street					
(Principal office address MUST BE A STREET ADDRESS)	Unit 4C					
	New York, NY 10013					
Enter new mailing address, if applicable:	One Datran Center					
(Mailing address MAY BE A POST OFFICE BOX)	9100 South Dadeland Blvd., Suite 901					
	Miami, FL 33156					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the nai	INTERIOR STATE				
 	City	Zip СБе г				

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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
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_ □Change

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ffective date, i	other than the date of isted, the date must be speci	filing:	data of filing or m	om than 90 days after	onal) · filing) Pursuant to 605	5.020
Note: If the date	iserted in this block does	s not meet the applicat	ole statutory filing	g requirements, this	s date will not be list	ed a
locument's effec	ve date on the Departmen	nt of State's records.				
record specifies	delayed effective date, b	out not an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day after	er the
d is filed.						
		2022		1		
May 10		, 	17			
Dated May 19			<i>##</i> \$			
Dated May 19			Jan 1	Ol-		
Dated May 19		re of a member or author	Jan.			

Filing Fee: \$25.00