Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L2200622|225

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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H220001936623ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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TO:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : BURNS LAW OFFICES, P.A.
        Account Number  : I20140000036
        Phone           : (305)733-8223
        Fax Number      : (866)883-7019
```
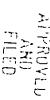
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SCHRAIER INVESTMENTS 208 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2022 JUL -2 PM 4: 15

2022 JUN -2 AM 8: 21

APPROVED AND FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H22000193662 3)))

SCHRAIER INVESTMENTS 208 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 Company were filed on ___05/11/2022___ and assigned

Florida document number ___L22000221225___

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        Enter Florida street address

_____ . Florida _____
                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

(((H22000193662 3)))

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u>
<u>or removed from our records:</u>

(((H22000193662 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMBER SCHRAIER	5500 MILITARY TRAIL	☐ Add
		SUITE 22-196	☐ Remove
		JUPITER, FL 33458	☒ Change
AMBR	AARON TOUTLOIAN	5500 MILITARY TRAIL	☐ Add
		SUITE 22-196	☐ Remove
		JUPITER, FL 33458	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____MAY 31_____2022_____

_____
Signature of a member or authorized representative of a member

AMBER SCHRAIER
_____
Typed or printed name of signee

Filing Fee: $25.00   (((H22000193662 3)))