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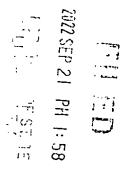
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: EAST 101	NY SDB LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAN LIBERMAN		
		Name of Person	
		Firm/Company	
	5 KINNERET ST. B.S.R T		
	BNEI BRAK 5126237 ISF	Address RAEL	
	dan@sdb.co.il	City/State and Zip Code	<del></del> -
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation)
DANNY MARCOVICE		646 764-6996	
Name of Person		Area Code Daytime	Telephone Number
Enclòsed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 SEP 21 PH 1: 59 OF

EAST 101 NY SDB 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 C	ompany were filed on 06/08/2022	and assigned
Florida document number L22000262196	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
NEW CASTLE SDB LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS	
:		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		···
B. If amending the registered agent and/or registered	l office address on our records, <u>enter th</u> e	e 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	
·	, Flori	da
:	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 =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	Name	Address	Type of Action
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e: If the date inserted in this	he date of filing:  must be specific and cannot be prior block does not meet the application Department of State's records.	able statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.020 listed a
cord specifies a delayed effect filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day a	after th
09/18 ed	2022			
		<u></u>		
	5			=
	Signature of a member or author	nized representative of a m	ember	