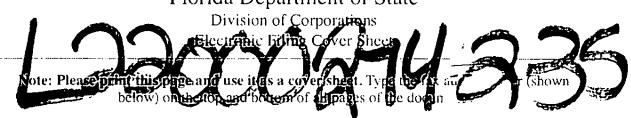
Florida Department of State



(((H23000134982 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NYAJS RRE LLC

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T. LEMIEUX

Registration Section

TO:

COVER LETTER

(((H23000134982 3)))

Division of Cor	porations		
SUBJECT:		S RRE LLC	
		iited Liability Company	·
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo.	ndence concerning this matter	to the following:	
	Lovette Dobson		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	17350 State Hwy 249, #22	0	
		Address	
	Houston, TX 77064		
	-	City/State and Zip Code	
	EFILE1234@INCFILE.CO		
		to be used for future annual report notif	icalaan)
For further information co	oncerning this matter, please ea	all:	
Lovette Dobson		at () Area Code Daytime	3
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000134982 3)))

	NYAJS B	RE LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited 1	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L22000274235	iability Company	were filed on 06/16/2022	ar	nd assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	rords "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1934 Nw 150th Ave. Suite #204			
		Pembroke Pines, FL 33028			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)	1931 Nw 150th Ave, Suite #204 Pembroke Pines, FL 33028			
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office a	address on our records, enter the	name of th	ne new registered	
Name of New Registered Agent:	REPUBLIC RE	EGISTERED AGENT LLC		<u> </u>	
New Registered Office Address:	1150 Nw 72nd Ave Tower I Ste 455		- -	<u> </u>	
		Enter Florida street address		1: 05	
	Miami	, Florida	a <u>33126´</u> Zin	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: (((H23000134982 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			□Remove
			[]Change
			□Add
			□Remove
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10					
					
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MARINE B. MR MANAGEMENT OF EXPENSES					
					
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ective date, if a	her than the date of	filing:		(optio	nnal)
effective date is h	ted, the date must be speci-	lie and cannet be prior	r to date of Gling or	nore than 90 days after	Hijng, Flor snam to 605/02
<u>e.</u> Ar the date in: ilment's effectiv	erted in this block does date on the Departmen	not meet the application of State's records	zable statutory fili	ng requirements, thi	date will not be listed;
cord specifies a c filed.	alayed effective date, bu	it not an effective to	ime, at 42:01 a.m.	on the earlier of: (b)—The 90th day after th
April. Uth		2023	,		
		·			
	Signature	Coul	d Hollas	<i>W</i>	