7/15/22, 4:30 PM

Division of Corporations

## Florida Department of State

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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

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EMALL	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 835 NW 11TH AVE QOZB LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00



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Help

JUL 1 8 2022

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

835 NW 11TH AVE QOZB LLC		
(Name of the Limited Liah) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	· · · · ·
The Articles of Organization for this Limited Liability Florida document number	Company were filed on JULY 12, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
2835 NW 11TH AVE QOZB LLC		
The new name must be distinguishable and contain the words "Li	limited Liability Company," the designation "LLC" or the at	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/e	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne of the new registered
Name of New Registered Agent: n/a		بر ب
New Registered Office Address:	Emer Florida street address, Florida	Zip Code
New Registered Agent's Signature, if changing Registe		20

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 = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	WILLIAM RIOS	8420 SW 148 DRIVE	≣∧dd
		PALMETTO BAY, FL 33158	□Remove
MGR	ALBERTO SERRA	13064 SW 186 TERRACE	<b>≣</b> Add
٠		MIAMI, FL 33177	☐Remove
			□Change
			☐Add
			□Remove
			☐ Change
			□Add
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			□Add
			Remove
			Change
		4.4.4-70-7	
			□Remove
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To: 18506176383	4	Page: 4 of 4	2022-07-15 16:35:22 EDT	14076508411	From; Heather In
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Effective date, if other than the	date of filing:			(optional)	1
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ne record specifies a delayed effective ord is filed.	e date, but not an o	effective time,	at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
Dated JULY 15		022			
ísi William Rios					
	Signature of a mem	ber or authorized	l representative of a	meniber	

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