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(((H23000229660 3)))



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Division of Corporations

Fax Number : (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HABITUS SILVER BLUFF RFII-B LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HABITUS SILVER BLUFF RFII-B LLC	3			
(Name of the Limited Lia (A Flo	bility Company as i orida Limited Liabilit	t now appears on our reco y Company)	ords.)	
The Articles of Organization for this Limited Liabilit Florida document number L23000020007	y Company were	filed on 01/18/2023		_ and assigned
This amendment is submitted to amend the following	<b>g</b> :			
A. If amending name, enter the new name of the	limited liability c	ompany here:		
HABITUS CORAL GATE RFII-B LLC				
The new name must be distinguishable and contain the words "	Limited Liability Cor	npany," the designation "Li	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · <u> </u>			
(Principal office address MUST BE A STREET AD	DRESS)			
			<u> </u>	دے
				23
Enter new mailing address, if applicable:				· .
(Mailing address MAY BE A POST OFFICE BOX)	 )			20 '
	•		· · · · · · · · · · · · · · · · · · ·	ے جو
			-	
B. If amending the registered agent and/or registe		ss on our records, <u>ent</u> e	er the name o	f the new registere
agent and/or the new registered office address her	<u>.</u>		`	·
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
		Enter Florida street addi	ras	
	-	, ]	Florida	
	C	iţı.		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.

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II sillending Authorized rerson(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
				Change
		٠.		
				□ Remove
				□Change
				DAdd
		•		□Remove
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<del></del>				
		• •		□Remove
<del></del>				□Add
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			-	□Remove
				Charren

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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote: If ti	date, if other than the date of filing:  (optional)  we 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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	6/28/2023
	Dacustaned by:
-	Signature of a member or authorized representative of a member
-	Signature of a member or authorized representation of a member  Daniel Del Rio, as Manager of Habitus Capital LLC

Filing Fee: \$25.00