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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only

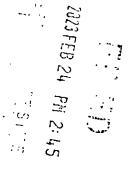


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A. BUTLER FEB 27 2023



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Tresor South Realty I | LLC | <u> </u> |
|-------------------------|---------------|--------------------------------|
| Please Debit 12000000 | 00257 For: 25 | |
| Thank you Seth Neele | ·y | |
| Stal | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend, File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| 1/- | | Officer Search |
| 4 | | Fictitious Search |
| Signature | | Fictitious Owner Search |
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| Name | Date Time | UCC 11 Search |
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COVER LETTER

| SUBJECT: | TRESOR SO | OUTH REALTY ELC | |
|-----------------------------|--|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | NEAL S. LITMAN, ESQ. | | |
| | | Name of Person | |
| | NEAL S. LITMAN, P.A. | | |
| | | Firm/Company | |
| | 169 E. Flagler Street, Suite | : 500 | |
| | | Address | |
| | Miami, FL 33131 | | |
| | | City/State and Zip Code | |
| | Isabel@litmanlawyer.com | | |
| | | to be used for future annual report not | (Heation) |
| For further information c | oncerning this matter, please c | all: | |
| Neal S. Litman | | 305 579-0074 at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres | <u>s:</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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**

| TRESOR SOUTI | HREALTY, LLC PH 2: 45 |
|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | nv as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000066228}{L23000066228}$ | were filed on February 10, 2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 150 Great Neck Road, Suite 304 |
| (Principal office address MUST BE A STREET ADDRESS) | Great Neck, NY 11021 |
| Enter new mailing address, if applicable: | 150 Great Neck Road, Suite 304 |
| (Mailing address MAY BE A POST OFFICE BOX) | Great Neck, NY 11021 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registers |
| 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------------|---------------------------------------|----------------|
| AMBR | Legal 1031 EAT Holdings LLC | 150 Great Neck Road, Suite 304 | ≣Add |
| | | Great Neck, NY 11021 | □Remove |
| | | | □Change |
| MGR | Neal S. Litman and Associates LLC | 4401 Collins Avenue, PH-South (37002) | □Add |
| | | Miami Beach, FL 33140 | ≣Remove |
| | | | □ Change |
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| ctive date, if other than the effective date is listed, the date must | date of filing | g: | 44 | - 1 (| (option: | ıl) | 5 03/ |
| e: If the date inserted in this blo | ck does not m | neet the applic | able statutor | | | | |
| ument's effective date on the De | partment of S | tate's records | | | | | |
| | | | | | | | |
| cord specifies a delayed effective filed. | date, but not | an effective t | ime, at 12:01 | a.m. on the ea | rlier of: (b) | The 90th day afte | r the |
| | | | | | | | |
| February 23 | | 2023 | | | | | |
| | · | | _ · | | | | |
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| | عرفة Signature of a | actabler or auth | orized represer | itative of a men | iber | | |

Filing Fee: \$25.00