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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: 7.6450perry@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6450 PERRY ST LLC

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FEB 1 6 2023

02/15/2023 12:47 From:17184082550 To:18506176383 Date Time 02/15/23 12:46PM Pages: 4 P: 2/4

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

<b>\</b> ;	OF	
6450 PERRY ST LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on <u>02/10/2023</u>	and assigned
Florida document number L23000066679		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
		20
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	" or the abbreviation" L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		55 [,
		-P C
Enter new mailing address, if applicable:	116 Walworth Street	25
Mailing address MAY BE A POST OFFICE BOX)	Apt. 1L	•
	Brooklyn, NY 11205	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet address	
	Emer Fiorua Meet adaress	<b>S</b>
<del></del>	, Flo	orida
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

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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

Title	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			☐ Change			
			Add			
			□ Remove			
			☐ Change			
			Add			
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			Add			
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			☐ Remove			
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	ord specifies 90th day afte			e, but not	an effecti	ve time, a	t 12:01 a	.m. on th	e earlier	of:
Dated _	February 15			2023	_					
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