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Division of Corporations

H230000913243

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(((H23000091324 3)))



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Division of Corporations

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From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083

: (305)932-6262

Phone Fax Number

: (305)933-9393

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LLC AMND/RESTATE/CORRECT OR M/MG	RESIGN
214 E HALLANDALE BEACH LLC	

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Helm. SOLOMON MAK 1 3 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

214 E HALLANDALE BEA		any as it now appears on our	records.)	
The Articles of Organization for this Limited Li		any as it now appears on our Liability Company)		
Florida document number L23000085225	ecinty Company	were nied on	and assigned	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	llity company here:	·	
The new name must be distinguishable and end with the v	vords "Limited Liab	ollity Company," the designati	on "LLC" or the abbreviation "L.L.C."	202
Enter new principal offices address, if applica	ble:	1395 Brickell Ave	nue	2023 HAR
(Principal office address MUST BE A STREE)	(ADDRESS)	Suite 760	>5	75
		Miami, FL 33131	<u> </u>	0
Enter new mailing address, if applicable:		1395 Brickell Ave	ine Sign	AK D
(Mailing address MAY BE A POST OFFICE E	<u>000)</u>	Suite 760	:3 A	2
		Miami, FL 33131		
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of ice address here	fice address on our rog:	ecords, enter the name of the ne	<u>łw</u>
Name of New Registered Agent:	FORTIS IN	TERNATIONAL GR	DUP LLC	
New Registered Office Address:	1395 Bricke	II Avenue, Suite 760)	
		Enter Florida street	oddress	
	Miami		Florida 33131	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			D Add
			□ Remov e
			2023
			AM D: 21
			□ Add
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	<u> </u>		□ Add
			□ Remove
			Acd
			Remove

Please change Address	tion, enter change(s) here: (Attach additional sheets, if nec s for AMBR:
W6 Hallandale	
1395 Brickell Av	enue, Suite 760, Miami, FL 33131
effective date must be specific, canno	date of filling: (option to date of receipt or filed date and cannot be more than 90 days rids Department of State)
effective date must be specific, canno date this document is filed by the Fic	of be prior to date of receipt or filed date and cannot be more than 90 days
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