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## **COVER LETTER**

	gistration Se vision of Cor			•
SUBJECT:		324 Croton Way I	LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Christy Yonta		
			Name of Person	
		Christy Yonta Attorney at	Law	
			Firm/Company	
		701 NW Federal Highway,	Ste 201	
			Address	
		Stuart, FL 34994		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notified	ation)
For further	information c	oncerning this matter, please ca	all:	
Christy Yo	nta		772 349-4923	
	Name of	f Person	af () Area Code Daytime T	elephone Number
Enclosed is	a check for th	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)
	ailing Addres		<u>Street Address:</u> Registration Secti	on

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	324 CROTON WAY LLC	2023 SED -	_
(Name of the Limited I	iability Company as it now ap lorida Limited Liability Compa	2023 SFP 5 opears on our records.)	TF 3: 26
The Articles of Organization for this Limited Liabil Florida document number	, ,	02/16/2023	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	e limited liability compan	y here:	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
Principal office address MUST BE A STREET A	DDRESS)	<del></del>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX	<u></u>		
3. If amending the registered agent and/or regis gent and/or the new registered office address he	tered office address on oue <u>re</u> :	ur records, <u>enter the nan</u>	ie of the new register
Name of New Registered Agent:			
New Registered Office Address:	<u>.</u>		
	Enter	Florida street address	
_	s V&114- 4.	, Florida	<del></del>
	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
MGR	LLan Schwartz	54 Riverside Drive 6C	□ Add
		New York, NY 10024	
			□Change
MGR	Han Schwartz	54 Riverside Drive 6C	= Add
		New York, NY 10024	□Remove
			□Change
		<del></del>	
		····	□Remove
		- <del></del>	□Change
			□Add
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an effecti <u>ote:</u> If	live date is lis the date ins	ted, the date mu	st be specific ar lock does not	nd cannot be promeet the app	olicable statutos	ng or more than 9 ry filing require	0 days after filing	.) Pursuant to 605.02 will not be listed :
record s is filed.	specifies a d	elayed effectiv	re date, but no	ot an effectiv	e time, at 12:01	a.m. on the ca	rlier of: (b) Tl	ne 90th day after th
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Typed or printed name of signee