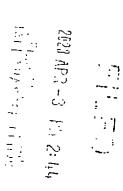
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A. RIVERS MAY 2 3 2023

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Tallahassee. FL 32314

TO: Registration So Division of Con					
REGIS 210	02 LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	Ross Zalkind, Esq.				
		Name of Person			
	Rosenfield & Zalkind, P.L				
		Firm/Company			
	2323 Hollywood Blvd				
		Address			
	Hollywood, FL 33020				
	rzalkind@globalamericatitl	City/State and Zip Code c.com to be used for future annual report n			
For further information of	concerning this matter, please co		ouncation)		
Ross Zalkind		954 620-1100			
Name o	of Person	at () Area Code Day(time Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration	Section	Street Address: Registration S	Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 85BE9F79-0048-40C1-8CC4-058E0BCBBDAB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

bility Company as it now appears on our records.) rida Limited Liability Company)		
y Company were filed on February 23, 2023	and assi	gned
;		
imited liability company here:		
Limited Liability Company," the designation "LLC" or the	abbreviation "L.1	C."
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, Florida	Zip Code	
	cred office address on our records, enter the nate: Enter Florida street address Florida	w Company were filed on February 23, 2023 and assignation with the designation with the desig

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.

DocuSign Envelope ID: 85BE9F79-0048-40C1-8CC4-058E0BCBBDAB in amending 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
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March	3/3	27/2023	2023					
ted					ned by:			
				Danie	Bernstein			
				(,				
	<u> </u>	Signature	of a member of	or authorized ru	presentative of a	member		-

Filing Fee: \$25.00