## Florida Department of State \$22 Division of Corporations Electronic Filmg Cover Sheet

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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rmal1	Address:		 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5883 W 26TH AVE LLC

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05/04/2023 • 16:58 3052201440 LAZARUS CORPORATE PAGE 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5883 W 26TH AVE LLC				
(Name of the Limite	ed Liability Company (A Florida Limited Liab	as it now appears on our reality Company)	ecords.)	<del></del>
he Articles of Organization for this Limited Li	ability Company we	are filed on 3/3/2023		and assigned
lorida document number L23000101822	·	•		
his amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
he new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:			
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				,
Enter new maining address, it applicative: Mailing address MAY BE A POST OFFICE	- PAV:	<del>_</del> .		
Mailing address MAI DE A FUST OFFICE				
	-	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or ragent and/or the new registered office addres		lress on our records, <u>e</u>	nter the name	of the new regist
	·			22
Name of New Registered Agent:	<u> </u>			<del></del> 22
New Registered Office Address:				
		Enter Florida street a	nddres.:	. J. = 1. =
	•		_, Fkorida	
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			:
hereby accept the appointment as registere	nd agent and naree	to act in this canacity	I further aori	ು ee tó∙čomplv witi

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

Title	Name	Address	Type of Action
MGR	DENISE ANDREUS	232 ANDALUSIA AVENUE, SUITE 262	≣Add
		CORAL GABLES, FL 33134	_
			[]Change
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
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record sp d is filed.		red effective da	te, but not	an effecti	ive time, at 1	2:01 a.m. o	on the earlies	of: (b) T	he 90th day	after the
ated	May	2_		202	<u>.3</u>					
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		Sig	nature of a	member or	authorized re	presentative	of a member	of N	C6 Mar	rageme

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