Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001765173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 : (305)423-3979 Fax Number

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

Email	Address:		
-------	----------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PTI DEVELOPMENTS BRICKELL FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

SM 1 1 2023 < Brumbiay

بب

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTI DEVELOPMENTS (Name of the Limited Liability Conposition (A Florida Limited)	S BRICKELL FL, LLC Iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on03/17/2023 and assigned	
Florida document number <u>L23000125746</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company herę:	
The new name must be distinguishable and contain the words "Limited Liubi	lity Company," the designation "LLC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:	801 S. Miami Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1004	
	Miami, Florida 33130	
Enter new mailing address, if applicable:	801 S. Miami Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		
	Miami, Florida 33130	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
Name of New Registered Agent:	2)2	
New Registered Office Address:	Enter Florido street address	
	City , Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>=</u> ယ	

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
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change

·					
			 -		
					<u></u>
		·			
					
	·····		*****		
				<u> </u>	
			-		
		·			
				 	
neffective date is listed, t te: If the date inserted	than the date of filing he date must be specific and lin this block does not me on the Department of S	i cannot be prior to di nect the applicable	ate of filing or more tha	(optional) n 90 days after filing.) Prirements, this date wi	ursuant to 605.020 Il not be listed a
cord specifies a delayers filed.	ed effective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
	13				
R.T 11 ^^^	<u>.s</u> ,	·			
ed <u>May 11, 20</u> 2	13		<u></u>		
led <u>May 11, 202</u>	Signature of a n	nember or authorize	d representative of a m	ember	

Filing Fee: \$25.00