4/7/23, 9:27 AM

Division of Corporations Electronic Flling Cover

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.

(((H23000131042 3)))



H230001310423ABCQ

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 : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

Enten 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 RESIGNET

745 SOUTHWEST 148TH AVE APT 804 LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help MIEUX APR 1 0 2023 H23000131042

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

٠. 745 Southwest 148th Ave Apt 804 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L23000143565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new muiling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: I U Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

HD 3000 tips 4040 rized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Hanini Investment LI.C	1020 West Sunrise Blvd	
		Fort Lauderdale, FL 33311	= ∧dd
			Remove
			_ □ Change
MBR	Hanini Investment LLC	1020 West Sunrise Blvd Fort Lauderdale, FL 33311	□ Add
			■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
 -			Add
			☐ Rcmove
			Change
			Add
			☐ Remova
			□ Change
<u> </u>			D Add
		.	☐ Remove
			☐ Change

l	
<u> </u>	
<u>-</u>	
n effective thate is listed, in ote: If the date inserted cument's effective date record specifies a	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records. delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the record is filed.
	2023
April 7	
ted April 7	
ted April 7	
ted April 7	Signature of a member or authorized representative of a member
	Signature of a member or nutborized representative or a member on, Organizer/RA

Filing Fee: \$25.00