## L23000153371

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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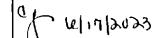
Office Use Only



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## **COVER LETTER**

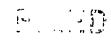
Tallahassee, FL 32314

| TO: Registration S<br>Division of Co |   |   |  |
|--------------------------------------|---|---|--|
|                                      | ND ST HOLDINGS LLC                              |   |  |
| SUBJECT:                             | Name of Lim                                     | ited Liability Company  |  |
| The enclosed Articles of             | f Amendment and fee(s) are sub                  | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter                  | to the following:   |  |
|                                      | ADAM B. KENNER, ESÇ                             | ).  |  |
|                                      |   | Name of Person  | <del></del>  |
|                                      | KENNER + IMPARATO                               | PLLC  |  |
|                                      | <del></del>                                     | Firm/Company  | <del></del>  |
|                                      | 990 BISCAYNE BLVD. C                            | OFFICE SUITE 1402   |  |
|                                      |   | Address   |  |
|                                      | MIAMI, FLORIDA 33132                            |   |  |
|                                      | <del> </del>                                    | City/State and Zip Code   |  |
|                                      | ADAM@KI-LAW.COM                                 | to be used for future annual report not                             |  |
| For further information              | concerning this matter, please co               | •   | meanony  |
| ADAM B. KENNER                       |   | 305 455-5656  |  |
| Name                                 | of Person                                       | at ()<br>Area Code Daytin   | ne Telephone Number  |
| Enclosed is a check for t            | the following amount:                           |   |  |
| ■ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>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) |
| Mailing Addre                        |   | Street Address:   |  |
| Registration Division of (           |   | Registration Se<br>Division of Co                                   |  |
| P.O. Box 632                         |   | The Centre of   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2023 HAY - 1 AH 8: 02

|  | 1206 N | 22ND | ST | HOL | DINGS, | LLC |
|--|--------|------|----|-----|--------|-----|
|--|--------|------|----|-----|--------|-----|

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company  | were filed on MARCH 27, 2023  | and assigned                                 |
|--|---|--|
| Florida document number L23000153371   |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liabi   | llity company here:   |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity 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)  |   |  |
|  |   |  |
| P 4 21 22 27 2 11  |   |  |
| Enter new mailing address, if applicable:  |   | <del>-</del>                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:   | ddress on our records, enter the                                    | name of the new registered                   |
| New Registered Office Address:   |   |  |
|  | Enter Florida street address  |  |
|  | , Florid  | aZip Code                                    |
|  | City  | Zip Code                                     |
| New Registered Agent's Signature, if changing Registered Agent:  |   |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my duties, and I<br>rovided for in Chapter 605, F.S. | am familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|--------------------------|----------------------------|----------------|
| AMBR         | FIFTY DEUCE VENTURES LLC | 990 BISCAYNE BLVD STE 1402 | □Add           |
|              |                          | MIAMI FL 33132             | ≣Remove        |
|              |                          | <del></del>                | □Change        |
| AMBR         | LSK VENTURES LLC         | 990 BISCAYNE BLVD STE 1402 | ■Add           |
|              |                          | MIAMI FL 33132             | □Remove        |
|              |                          |                            | □ Change       |
|              | <del></del>              |                            | □Add           |
|              |                          |                            | □Remove        |
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|                    | ending any other information   | , , ,  | ,  | . ,  | , ,   |
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| Effect             | tive date, if other than the da  | te of filing:  |  | (option  | al)   |
| (it an et<br>Note: | If the date is listed, the date must be If the date inserted in this block | specific and cannot be prior does not meet the applications. | to date of filing or mo<br>able statutory filing | re than 90 days after fi<br>requirements, this o | ling.) Pursuant to 605.0207 (3<br>late will not be listed as th |
|                    | nent's effective date on the Depar   |  |  | ,  |   |
|                    |  |  |  |  |   |
| the reco           | rd specifies a delayed effective da  | ate, but not an effective ti                                 | me, at 12:01 a.m. o                              | n the earlier of: (b)                            | The 90th day after the  |
| ord is fi          |  |  |  |  |   |
|                    | . PP.11 .20  | -4   |  |  |   |
| Dated              | APRIL 20<br>   | 2023   | _1/11  |  |   |
|                    |  | 0  |  |  |   |
|                    |  |  |  |  |   |
|                    | Sig  | nature of a member or autho                                  | rized representative of                          | of a member                                      |   |
|                    | ADAM B. KENNER   |  |  |  |   |
|                    |  | T1 T   | d name of signee                                 |  |   |

Filing Fee: \$25.00