10/8/24, 4:55 PM

Division of Comprations

## Florida Department of State Division of Corpuration Electronic Plying Colver Sheet Florida Department of State Division of Corpuration Electronic Plying Colver Sheet

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(((H24000339389 3)))



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annual report mailir

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1224 THE SHORES LLC

Certificate of Status	1
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 1224 THE SHORES LLC

The Articles of Organization of the Limited Liability Company were filed on May 5, 2023, and assigned Document No. L23000225253.

The is amendment is submitted to amend the following:

If amending the name, enter the new	name of the limited liability company here:
1224 7	THE SHORE LLC
Enter new principal offices address, i	f applicable:
(Principal office address MUST BE A ST)	REET ADDDRES)
Enter new mailing address, if applica	ble:
(Mailing address MUST BE A POST OFF	TCE BOX)
If amending the registered agent and of the new registered agent and/or the	I/or registered office address on our records, <u>enter the</u> new registered office address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Florida
	Enter new principal offices address, if (Principal office address MUST BE A ST)  Enter new mailing address, if applications address MUST BE A POST OFF  If amending the registered agent and of the new registered agent and/or the Name of New Registered Agent:

## New Registered Agent's Signature, if changed Registered Agent:

I hereby occept 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

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C. 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 AREP = Authorized Representative AMBR = Authorized Member Type of Action Name Title Address 1395 Brickell Ave, 14th Floor XAdd AREP John Seiden Miami, FL 33131 □Remove. □Change 1395 Brickell Ave, 14th Floor XAdd William Seiden AREP Miami, FL 33131 []Remove LiChange 1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

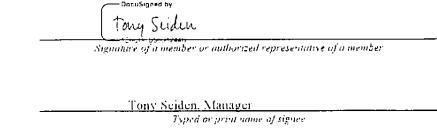
E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 8th, 2024



4885-8541-3895, v. 1