6/8/23, 12:10 PM

Division of Corporations

Florida Department of State Division of Corporations Libertonia Fifting Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

RECEIVED 123 JUN -8 PH 1: 57 VISION OF CORPORATION VISION OF CORPORATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 38 300 NE 11TH STREET, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

S. ROBERTS

N - 8 2023 منال

ARTICLES OF AMENDMENT TO ** ARTICLES OF ORGANIZATION OF

•	OF .	
3S 300 NE 11th Street, LLC		
(Name of the Limited Liabit (A Florid	lity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 5/12/2023	andassigned
Florida document number L23000236276	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		20%
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		:
(Principal office address MUST BE A STREET ADD.	RESS)	()
		10:
Enter new mailing address, if applicable:		<u>ئي</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City	FloridaZip Code

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

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
AMBR	3S Investments, LLC	16 Weston Road	■Add
		Westport, CT 06880	□Remove
			□Change
		_	□Add
			□Remove
			□Change
		-	□Add
			Remove
		□Change	
		-	□Add
		□Remove	
			Change
			□Remove
			Петюче
			□ Change

D. It amending any other infor	mation, enter change(s) here: (A	Allach additional sheets, if neces	sar <u>v.)</u>
<u> </u>			
			
<u> </u>			
		3	
			 _
			
			
Note: If the date inserted in this	the date of filing:	statutory filing requirements, this d	al) ing.) Pursuant to 605.0207 (3)(ate will not be listed as the
the record specifies a delayed effection is filed.	ctive date, but not an effective time, a	it 12:01 a m on the earlier of: (b)	The 90th day after the
Dated June 8th	2023		
	French		
	Signature of a member or authorized	representative of a member	<u> </u>
Taylor Lolya			
	Typed or printed nam	ne of signee	<u></u>