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(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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Special Instructions to F	iling Officer:	
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Office Use Only





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 846005 7456992	
AUTHORIZATION: Some Delegan	
COST LIMIT : \$(25.00	
ORDER DATE : June 29, 2023	
ORDER TIME : 12:54 PM	3 3 3
ORDER NO. : 846005-005	anaa ::::: 30
COSTOPIER NO. 7430332	
	를 중 -
DOMESTIC AMENDMENT FILING	5
NAME: 255 ALHAMBRA VENTURE LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Alexxis Weiland-sorenson EXT#	

EXAMINER'S INITIALS:

COVER LETTER

- TO: Registration Section

Division of Cor	rporations				
	bra Venture LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kathy Darden				
		Name of Person			
	Polsinelli PC				
		Firm/Company			
	150 N. Riverside Plaza, Su	uite 3000		2	
	Address				
	Chicago, IL 60606			2023 JUN 30	
	kdarden@polsinelli.com	City/State and Zip Code		· 0	
		to be used for future annual report notifi	cation)	, <u>e</u>	į.
For further information c	oncerning this matter, please c	all:) AH 10: 15	
Kathy Darden		312 463-6381			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Copy (additional copy	f Status &	
<u>Mailing Addres</u> Registration S Division of C	Section forporations	Street Address: Registration Section of Corp			
P.O. Box 632 Tallahassee, I		The Centre of Ta	Illahassee Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

255 Alhambra Venture LLC				
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our rec lity Company)	ords.)	
The Articles of Organization for this Limited I	Liability Company wer	re filed on June 5, 2023		and assigned
lorida document number 1.23000267903	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	'ompany," the designation "L	LC" or the abbrev	riation .L.C."
Enter new principal offices address, if appli	cable: "	<u></u>		<u></u>
Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
	_			<u> </u>
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>			<u> </u>
	_			
3. If amending the registered agent and/or agent and/or the new registered office address.		ess on our records, <u>ent</u>	er the name o	the new registere
Name of New Registered Agent:	Scott Fitzgerald			
New Registered Office Address:	c/o Terranova Cor	poration, 55 Miracle Mil-	e. Suite 330	
		Enter Florida street ada	lress	
	Coral Gables		Florida 33134	
		City		Zip 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.

/s/ Scott Fitzgerald

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>	Name	Address	Type of Action
AR	Mindy McIlroy	55 Miracle Mile, Suite 330	■Add
		Coral Gables, FL 33134	□Remove
			□Change
			□Add
			□Remove
			□ Change
			2023 add —
			□ ☐ Œange ☐ 5
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fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the appl	icable statutory filin	ore than 90 days after til g requirements, this d	al) ing.) Pursuant to 6 ate will not be li	05.020 isted a
ecord specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day at	fier the
ted June 29		·			
/s/ Scott Sherman	Signature of a member or aut				

Filing Fee: \$25.00