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| Special Instructions to Filing Officer: |
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Office Use Only

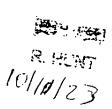


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DIVISION OF CORPORATION DIVISION OF CORPORATIONS

RECEIVED



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/11/23 Order #: 1289173-1

Re: 255 Alhambra Venture LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number 12000000195

AUTH

Please take the following action

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Tallahassee, FL 32314

| | ration Se n of Cor | ction porations | | |
|-------------------|--|--|---|--|
| | 5 Alhami | bra Venture LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed Ar | ticles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | ndence concerning this matter | - | |
| | | Kathy Darden | | |
| | | | Name of Person | |
| | | Polsinelli PC | | |
| | | | Firm/Company | |
| | | 150 N. Riverside Plaza, St | nite 3000 | 023 e |
| | | | Address | |
| | | Chicago, 1L 60606 | | _ |
| | | kdarden@polsinelli.com E-mail address: (| City/State and Zip Code to be used for future annual report notific | 2023 QCT 1 PH 2: 40 |
| For further infor | mation co | oncerning this matter, please c | all: | |
| Kathy Darden | | | 312 463-6381 | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a che | eck for th | e following amount: | | |
| ■ \$25,00 Filin | g Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist Divisi | z Address ration S on of Co Box 632 | Section orporations | Street Address: Registration Sect Division of Corp The Centre of Ta | orations |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: A0EDF9B2-DF36-4C30-A263-1F675F1D504F

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 255 Alhambra Venture LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | iny as it now appears on our records.) Liability Company) | |
| he Articles of Organization for this Limited Liability Company | were filed on June 5, 2023 | and assigned |
| orida document number L23000267903 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| ne new name must be distinguishable and contain the words "Limited Liabi" | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 55 Miracle Mile | |
| Principal office address MUST BE A STREET ADDRESS) | Suite 330 | DIVÍ 2023 |
| | Coral Gables, FL 33134 | 1 86 65 65 65 65 65 65 65 65 65 65 65 65 65 |
| nter new mailing address, if applicable: | 55 Miracle Mile | JARY 6 OF COR |
| Mailing address MAY BE A POST OFFICE BOX) | Suite 330 | S1. OKA H 12 |
| | Coral Gables, FL 33134 | 7. |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | ame of the new regist |
| | Enter Florida street address | |
| | , Florida | Zin Code |
| | CD' | Zin 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.

DocuSign Envelope ID: A0EDF9B2-DF36-4C30-A263-1F675F1D504F ri amending Authorized rerson(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 |
|--------------|-------------|-------------|---|
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| cument's effective date on the Depa | rtment of State's recor | ds. | | | |
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| Docusigned by: Mindy Mellroy C675FBD0:8A04E4 Sis | | | | | |