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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: FLNYMI HO	LDINGS LLC
Name of Limit	ed Liability Company
	202:
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter to	N. 1
David	Name of Person
c/o FLNYN	1 T HOLDINGS LLC Finn/Company
6899 Col.	1 in 5 Avenue, # 801
Miami B	each FL 33141. City/State and Zip Code
<u> </u>	heu 286 e gmail. com be used for future annual feport notification)
For further information concerning this matter, please cal	l:
Duviú A Coheu. Name of Person	at (917) 887-7915 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION MI HOLDINGS 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 June 02, 2023 and assigned Florida document number <u>L 2300026</u> 9081 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: W/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: $^{N/A}$ (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ____ Name of New Registered Agent: New Registered Office Address: MA Enter Florida street address _, Florida ____ City 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

N/A.

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

$\frac{\text{Title}}{n \cdot 1 \cdot c} \cap$	<u>Name</u>	Address	Type of Action
MGR (Member)	Campail Reulty LLC	6899 Collins Ave. #801	□Add
		Miami Beach FL 33141	emove
MGR			□Change
(Member)	Kathryb A. Finkel	41212 Bridge St	□Add
	·	Novi, MI 49375	Remove
MGR	The Duvid A. Cohen		□Change
(Trustee)	The Duvid A Cohen Revocable Trust duted April 13, 2022	6899 Collins Ave #80,	/_ [X/Add
,		Mami Beach, FL 331	∐ □Remove
MGR	Kathryn Ann Finkel Revocable Intervivos Trust U/A	/0	□Change
(Trustee)	Kathryn Ann Finkel Revocable Intervives Trust U/A, 2018, as successor in interes, to Kathryn Finkel.	41212 Bridge St.	X Add
		Novi MI 49375	□ Remove
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