L23000274082

| (Requestor's Name) |
|---|
| (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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: June 29 | 9, 2023 | Account#. 12000000000 |
|---------------------|-------------------|---------------------------------|
| Name: Claudia | Camilus | |
| Reference #: | 2042425 | |
| Entity Name: | SREALTY | GOOD LLC |
| Articles of Incorpo | oration/Authoriza | ation to Transact Business |
| ✓ Amendment | | |
| Change of Agent | | |
| Reinstatement | | |
| Conversion | | |
| Merger | | |
| ☐ Dissolution/Withd | rawal | |
| ☐ Fictitous Name | | |
| ✓ Other | Upon Fil | ing Please Provide Certify Copy |
| | | |
| | | |
| Authorized Amount: | \$55.00 | <u></u> |
| Signature: | | |

-1,212.947.7200

+852.3975.1803

COVER LETTER

| SREALTYG | OOD LLC | | |
|---|--|---|--|
| SUBJECT: | | ted Liability Company | - |
| | · | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Pleuse return all correspond | dence concerning this matter t | a the following: | |
| | MICHAEL ZOLDAN | | |
| | | Name of Person | |
| | AKABAS & SPROULE | | |
| • | | Firm/Company | |
| • | 488 MADISON AVENUE | SUITE 1120 | en e |
| | | Address | |
| | NEW YORK, NY 10022 | | |
| • • • • • • | MZOLDAN@AKABAS-SF | City/State and Zip Code PROULE.COM | A State of the Control of the Contro |
| 10 to | E-mail address; (t | o be used for future annual report notific | ation) |
| For further information co | ocerning this matter, please ca | 11: | |
| MICHAEL ZOLDAN | ng sentra di Meterra. Tanàna | 212 308-8505 | ene de estas de la competitación de la competi |
| Name of | Person | Area Code Daytime | Felephone Number |
| | | | · · · · · · · · · · · · · · · · · · · |
| Enclosed is a check for the | following amount: | | |
| S25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | And the second second | the first of the second of the |
| f | | | |

Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Siret Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29 PH 1: No

| SRE | A E | T | 10 | $\Delta \Delta$ | \mathbf{r} | 1 1 | |
|------|-----|-----|-----|-----------------|--------------|-----|------|
| MCI. | Αl | . 1 | ľli | L M J | 1) | | L.C. |

(Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number L23000274082 | | the action to real of the terms of the contract of | | | | |
|---|--|---|--|--|--|--|
| This amendment is submitted to amend the following | amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: as name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." re new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) FT LAUDERDALE, FL 33312 4611 SW 34TH AVE FT LAUDERDALE, FL 33312 4611 SW 34TH AVE FT LAUDERDALE, FL 33312 amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LOUIS KITCHIN New Registered Office Address: FI LAUDERDALE Foreida 33312 City Zip Code | | | | | |
| A Transaction was automatic manufacture at | Paka Iimiaad Iiak | | | | | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company hers: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida speet address Enter Florida speet address | | | | | | |
| The new name must be distinguishable and contain the wa | mede "I imited I ishii | ity Company" the designation "L.L.C." | | | | |
| · · · · · · · · · · · · · · · · · · · | reger so | | | | | |
| Enter new principal offices address, if applic | t is submitted to amend the following: name, enter the new name of the limited liability company here: the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cipal offices address, if applicable: defit SW 34TH AVE FT LAUDERDALE, FL 33312 4611 SW 34TH AVE FT LAUDERDALE, FL 33312 4611 SW 34TH AVE FT LAUDERDALE, FL 33312 the registered agent and/or registered office address on our records, gpter the name of the new registered enew registered Office Address LOUIS KITCHIN 4611 SW 34TH AVE Enter Florida arrest address FT LAUDERDALE FT LAUDERDALE Ctry The appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and captions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is erely reflect a change in the registered office address, I hereby confirm that the limited liability | | | | | |
| (Principal office address MUST BE A STREE | | | | | | |
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| | | 为多年7000000000000000000000000000000000000 | | | | |
| Enter new mailing address, if applicable: | | | | | | |
| (Mailing address MAY BE A POST OFFICE | DUAI | | | | | |
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| | | the same of the first of the control of a same consti- | | | | |
| B. If amending the registered agent and/or a | registered office a | address on our records, <u>enter the name of the new registered</u> | | | | |
| agent and/or the new registered office addre | <u> </u> | | | | | |
| | LOUIS KITCH | IN | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | 4611 SW 34TH | | | | | |
| and the second second | · | | | | | |
| 1 em | FT LAUDERD | ALE Florida 33312 | | | | |
| | | • | | | | |
| New Registered Agent's Signature, if changing I | Registered Agent: | | | | | |
| I hereby accept the appointment as registere | d agent and agr | ee to act in this capacity. I further agree to comply with the | | | | |
| i-lave of all statutes relative to the profit | er and complete | neriormance of my auties, and I am iamiliar with and | | | | |
| 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. | | | | | |
| , | * - 1 | | | | | |

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 |
|-------|------|---------|-----------------|
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| f an ei Note: | Sective dat If the da | e, if other to its listed, the inserted ective date | e date must in this bio | be specific ck does no | and cannol of meet th | е арриса | dic statuto | ng or more t ry filing re | han 90 days | optional) after filing.) i, this date v | Pursuant to 60 will not be lis | 5.0207 (3) sted as the |
| reco disí | nd specifi iled. | es a delayo | d effective | date, but | not an eff | ective tir | ne, at 12:0 | l a.m. on t | he earlier (| of (b) The | : 90th day aft | er the 🔻 |
| Dated | JUNE 2 | 8 | | | _, 202 | 3 | | | | | | |
| JAHCA | | | • | | | | | | | | | |

Filing Fee: \$25.00

Typed or printed name of signee