8/2/23, 2:41 PM

Division of Corporations

Florida Department State

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Division of Corporations

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From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000055

(954)525-7500

Fax Number

: (954)761-8475

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Email Address: mmm@trippscott.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 607 NORTH JOHN STREET, LLC

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K. SALY

AUG - 3 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



607 NORTH (OL	IN STREET, LLC	$\frac{8877}{1000}$
	Company as it now appears on ou Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000296510</u>	ompany were filed on JUNE 20,	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and commin the words "Limit	ted Linbility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principul office address MUST BE A STREET ADDRI	ESS)	
	<u> </u>	<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	n address
		. Florida
	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

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 = Munager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATHAN DUCOTE	5025 DUBAN AVENUE	
		BELLÉ ISLE, FL 32812	Remove
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record specifies a delayed effecti- f is filed.	e date, but n	ot an effective	e time, at 12:	:Di a.m. on th	e earlier of: (b	The 90th di	ay after the
ated		2023	,				
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