Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

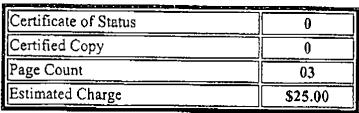
From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Addre	\$5	:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S-REIT LLC



Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

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

S-REIT LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 06	
Florida document number L23000299210	Ţ.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
The new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	C.J.
Principal office address MUST RE A STREET ADDRESS	
DET STREET ADDRESS)	13
<del></del>	
Enter new mailing address, if applicable:	ည် က
Mailing address MAY BE A POST OFFICE BOX)	<u>ာ</u>
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address because	OUT records onto the sure of the
egistered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floriz	la street address
	, Florida
City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent and agree to get in this co	

nent as registered agent and agree to act in this capucity. 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

## HI 300000 Apprized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Odlaremse SL, a Spanish company	6741 Orange Drive Davie, FL 33314	□ ∧dd
			■ Remove
	Odlaremse SL,		Change
MGR	a Spanish company	6741 Orange Drive Davie, FL 33314	■ Add
			Remove
			Change
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effective date	is listed, the	date must be specific	c and cunnot be prior t	to date of filing or more to	(optional)	mant to 605 000
			not meet the applica of State's records.		han 90 days after filing.) Pur quirements, this date will	not be listed as
	onvo date (	in the Department	of State's records.			
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June 29			2023			
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	<del></del> ,	Signature o	of a member or author	ized representative of a r	Turn hor	<del></del> _
				izea representative of a f	nemoer	
Robe	rt Hayden	R/A, Organizer				

Page 3 of 3

Filing Fee: \$25.00