Note: Please print this page and use it as a coversieet. Type the fat audit

(shown below) on the top and bottom of all pages of the document.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

BELLC AMND/RESTATE/CORRECT OR M/MG RESIGN **2133 NW 99TH AVE LLC**

annual report mailings. Enter only one email address please. **

Certificate of Status	0
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Help

15612148442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2133 NW 99TI (Name of the Limited Liability Co (A Florida Limi		ar records.)
The Articles of Organization for this Limited Liability Comp Florida document number L23000301103		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
2133 SW 99TH AVE. LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		2023
		24 E
Enter new mailing address, if applicable:		023 JUN 26 SERRETAR A RASS
(Mailing address MAY BE A POST OFFICE BOX)		m < 0
The state of the s		100 ES
		92:58
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret 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 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

15612148442

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		Janua	☐ Change
			ZIZ JUNZ S
			2023 JUNS PH 12: 59
			□ Remove
			☐ Change
			□Add
			□ Remove
			□Change
			🗀 Add
			Remove
			□Change

D.

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheet	ts, if necessary.)
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<u></u>		55 20 20 20 20 20 20
		
E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the list of	st be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requiren	(optional) I days after filing.) Pursuant to 605.0207 (3)(b) ments, this date will not be listed as the
f the record specifies a delayed effecti secord is filed.	we date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
Dated June 26th	2023	
	Signature of a member or authorized representative of a memb	per
	Erin Saville, Attomey-In-Fact	
	Typed or printed name of signee	

Filing Fee: \$25.00