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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : 120000000087 : (561)394-7910 Phone Fax Number : (561)393-6541

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLD SCHOOL LOX, LLC

Certificate of Status	1
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Page Count	03
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Help

16.3-72624

(((|1240000 88744 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLD SCHOOL LOX, T.LC		
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	1/2023	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desi	gnation "LLC" or the	abbreviation BLC."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address, MAY BE A POST OFFICE B	<u>OX)</u>		PH 1:28
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our rec <u>here</u> :	ords, <u>enter the us</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	8401 LAKE WORTH ROAD.	SUITE 126	
	Enter Florid	a street address	
	LAKE WORTH	Florida j	33467
	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

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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 = M $AMBR = A$	lanager .uthorized Member	19/A			
Title	Name	Address WA	Type of Action		
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			□Change		
			ElRemove		
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record specifie d is filed	x a delayed effe	erive date, bu	n not an eff	eenve u	me, at 12:t	d a.m. on	the earli	er oft (b)	The 90th	day after the

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JEFFREY ALTSCHULER

Typed or printed name of signee

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