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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number

: (215)977-9386

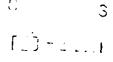
annual report mailings. Enter only one email address please.** Enter the email address for this business entity to be used for future ्या प्रमाणि Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2160 NE DIXIE HIGHWAY TRUST LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2160 NE DIXIE HIG		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on August 23,	2023 and assigned
lorida document number L23000395494		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2160 NE Dixie Highway	
Principal office address MUST BE A STREET ADDRESS)	Jensen Beach, FL 34957	<u>;</u> 2
		77 7 TA
	-	8
nter new mailing address, if applicable:		王:
Aailing address MAY BE A POST OFFICE BOX)		SSU
		<u> </u>
		·
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	<u> </u>	_, 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

From: M. BURR KEIM CO - Fax: 12159779386

m: M. BURR KEIM CO Fax: 12159779386 To: Fax: (850) 617-6383 Page: 3 of 4 02/01/2024 4:35 PM (((H240000446843)))

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	
		□Remove	
			Change
			□Add
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			□Сһалде

(((H240000446843)))

To:

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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Note: If	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/1 2024
	Signature of a member or authorized representative of a member
	Peter Murphy, Member
	Typed or printed name of signee