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2023 OCT 23 AM 9: 37 SECRETARY OF STAT

KH 1/1/23

COVER LETTER

TO: Registration Se Division of Cor		*	
	GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Naceache Paul		
		Name of Person	
	75 LAND GROUP LLC		
	-	Firm/Company	
	2750 NE 185th St		
		Address	
	Aventura, Florida, 33180		
		City/State and Zip Code	
	p.naccache@75invest.com		
		to be used for future annual report notification	
For further information of	concerning this matter, please c	atl:	TAI
Alena Antonovich		305 904-0907	2023 OCT 23 SECRETAR TALLAHA phone Number
Name o	of Person	at () Area Code Daytime Tele	<i>∽</i> *
			AM 9 OF S SEE,
Enclosed is a check for t	he following amount:		9: 37 E, FL S60.00 Filing Fee.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, ☐ Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Section	1
Division of C	Corporations	Division of Corpora	tions
P.O. Box 633	27	The Centre of Talla	haccor

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our record d Liability Company)	<u>is.</u>)
ny were filed on 08/23/2023	and assigned
ability company here:	
hility Company," the designation "LLC	" or the abbreviation "L.L.C."
11.30	s 20)
	<u> </u>
	<i>y</i>
	OF A
<u> </u>	37
: address on our records, <u>enter</u>	the name of the new register
$P_{m,k,m}(P_1, \dots, P_{m,k}) = 0$	
Enter Florida street addres.	s orida
	ny were filed on 08/23/2023 Ability Company here: bility Company," the designation "LLC

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Naccache Paul	2750 NE 185 Street, Suite 303	
		Aventura, FL 33180	■Remove
			□Change
AMBR	Naccache Paul	2750 NE 185 Street, Suite 303	
		Aventura, FL 33180	□Remove
			ZEORE GARY OF STALLAMAS SCEE.
			9: 39 STATE
			□Remove
			□Change
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			□Remove
			□Change
			□Remove
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Effective date, if other than the office of the effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific ak does no	and cannot let meet the	e prior to d applicable	ate of filing o	or more than 9 Iling require	0 days after fil	ing.) Pursu	ant to 605.0. ot be listed	!07 (as ti
ne record specifies a delayed effective and is filed.	date, but i	not an effe	ctive time,	at 12:01 a.	m, on the ea	rlier of: (b)	The 90th	day after fl	ıc
October 17 Dated		2023							
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Filing Fee: \$25.00