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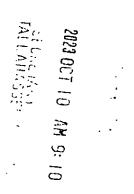
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section

Division of Corp	orations	•	•
44 317 75 4	OF ACT CARRYON ALC		•
SUBJECT: AL NF BR I	S EAST CAPHOL, LLC	ited Liability Company	.
	Name of Lim	ned Liability Company	
The analoged Amielog of A	amendment and fee(s) are sub-	mitted for filing	
The enclosed Afficies of A	tinendinent and tee(s) are suo	initied for fitting.	
Please return all correspon	dence concerning this matter	to the following:	
	NOAH FOX		
		Name of Person	
	AL NF BR LS EAST CAP		
		Firm/Company	
	690 Lincoln Road Suite 30	0	
		Address	
	Miami Beach, FL 33139		
	noah@verticalremia.com	City/State and Zip Code	
	_	to be used for future annual report not	fication)
For further information co	ncerning this matter, please ca	all:	
Noah Fox		at (305 Area Code Daytim	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$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 (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AL NF BR LS EAST CAPITOL, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 8/24/23 and assigned
Florida document number 1.23000399724	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2023 g
Enter new mailing address, if applicable:	55. 7
(Mailing address MAY BE A POST OFFICE BOX)	0.
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Enter	er Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LYLE STERN	690 Lincoln Road	□Add
		Miami Beach, FL 33139	■Remove
			□Change
MGR	JOE PARTNERS LLLP	690 Lincoln Road Ste. 300	
		Miami Beach, Fl. 33139	Remove
			Change
			∩Add
			□ Remove
			Change
			🗆 Add
			□Remove
			□Change
-			□ Add
			□Remove
			□Change
			□ Add
			□Remove

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Typed or printed name of signee