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.

(((H23000301796 3)))



H230003017963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFFINITY SOUTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEilin L

SFP 05 ZUZS

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	c Company as it now appears on our Limited Liability Company)	records.)		
[A Florida I	Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/28/2021	}	and ass	igned
		•		.5
Florida document number L23000403684	<u>-</u> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designatio	n "LLC" or the abb	reviation "1	L.C."
·				
Enter new principal offices address, if applicable:	-		·· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:				
, ,,		<u> </u>		
, ,,		<u> </u>	. .	
, ,,			1923 (21	
(Mailing address MAY BE A POST OFFICE BOX)	office address on our records	enter the name	,7,	v redis
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our records,	enter the name	,7,	v regis
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our records,	enter the name	of the nev	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name	of the nev	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our records,	enter the name	of the nev	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records.	enter the name	,7,	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	=	of the ney	<u> </u>
•		=	of the ney	<u> </u>

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>	Name	Address	Type of Action
MGR	Andrew David Morgan	1550 Madruga Avenue, Suite 317	■Add
		Coral Gables, Fl. 33146	□Remove
			□Change
MGR	Alexandra Brooks	1550 Madruga Avenue, Suite 317	≣Add
		Coral Gables, FL 33146	□Remove
			□ Change
AMBR	Affinity Group Limited	Second Floor, 14 Athol Street	≅ Add
	Douglas, Isle of Man 1M1 IJA	□Remove	
		☐Change	
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			∏Change

•			

· · · · · · · · · · · · · · · · · · ·		·	

			1*

Effective date, if other than the office office office office office office of the date inserted in this blo	ck does not meet the applical	date of filing or more than 90 days the statutory filing requirements	optional) after filing.) Pursuant to 605,0207 (, this date will not be listed as t
document's effective date on the De-	partment of State's records.		
he record specifies a delayed effective ord is filed.	date, but not an effective tim	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated August 30th	2023	. •	
Mancy Perku	Signature of a member or author	zed representative of a member	
Ashley Perkins, Attorney			