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Division of Corporations



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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Division of Corporations Fax Number : (850)617-6383 From: Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-8569 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Accountant O-Maxiano.fl. (on LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEWMAN PROPERTY GROUP LLC	IFE
From: Account Name : TAX ZONE INC. Account Number : 1201900000044 Phone : (407)888-3131 Fax Number : (888)453-8509 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Accountant D-MAX Cono. F(-(cono)) LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	IFE
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SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
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	<u>.</u>	Address	
		City/State and Zip Code	
For further information a	E-mail address: (concerning this matter, please c	(to be used for future annual report no	lifeation)
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Name (n' Person	at () Area Civile Daytic	ne Telephone Number
Enclosed is a check for the	he following amount:		
🗆 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine Addres Registration 1 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	prporations Tallahassee
Tallahassee, 2	FL 32314	2415 N. Monro Tallahassee, F	ne Street, Suite 810 L 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWMAN PROPERTY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/2023 and assigned Florida document number L23000508142

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	438 SE 12TH CT		
(Principal office address MUST BE A STREET ADDRESS)	- FORT LAUDERDALE, FL 33316		
		······································	
Enter new mailing address, if applicable:	438 SE 12TH CT		
(Molling address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33316		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:			 F 23 H0V	_
New Registered Office Address:	438 SE 12TH CT	•		•
	Enter Floridu street uddress			
	FORT LAUDERDALE	, Florida <u>33316</u>	ហ៊	
	Ciny		Carle	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	NEWMAN, WILLIAM	438 SE 12TH CT	Add
		FORT LAUDERDALE, FL 33316	
			EChange
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

_____ ----------____ ------سيمين سارين بالمار والاربي والمراجع والمراجع والمراجع والماري والماري والمراجع المراجع والمراجع والمراجع ----------_____ E. Effective date, if other than the date of filing: ____ _ (optional)

(If an effective 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 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated_	Nov 17	<u>, 2023</u>	
		1 A illitation Plan.	
		Signature of a member or authorized representative of a member	
		William Newman	
		Typed or printed name of signes	

Filing Fee: \$25.00