## L23000510961

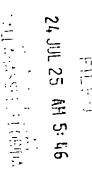
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## **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJE	1508 NW			
SUBJE	.CT:		ited Liability Company	
The enc	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Adam Kenner		
			Name of Person	
		Kenner + Imparato, PLLC		
		<del></del>	Firm/Company	
		175 SW 7th St., Suite 2410	J	
			Address	
		Miami, FL 33130		
		adam@ki-taw.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report not	fication)
For furth	her information c	oncerning this matter, please ca	nil:	
Justin V	Vaxman		267 262-3669 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1508 NW 7TH, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it mow appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company Torida document number <u>L23000510961</u> .	were filed on 11/10/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	n l l l l l l l l l l l l l l l l l l l	
he new name must be distinguishable and contain the words "Limited Liabi		or the appreviation "L.L.C.
nter new principal offices address, if applicable:	3301 North Unviersity Drive	
Principal office address MUST BE A STREET ADDRESS)	Suite 100 #1155	24
	Coral Springs, FL 33065	
inter new mailing address, if applicable:	3301 North University Drive	25 A
Mailing address MAY BE A POST OFFICE BOX)	Suite 100 #1155	
	Coral Springs, FL 33065	£6
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter th</u> Enter Florida street address	e name of the new regis
	. Flori	ida
	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

'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	<u>Address</u>	Type of Action
			☐ Add
			□Remove
			□Change
			□Remove
			☐ Change
		-	
			□Remove
			Change
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ective date, if other than the date of fili effective date is listed, the date must be specific a ee: If the date inserted in this block does no ument's effective date on the Department of	and cannot be prior to date timeet the applicable s	of filing or more than 90 days	
cord specifies a delayed effective date, but n s filed.	not an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
ed July 18	2024		
en-			

Typed or printed name of signee