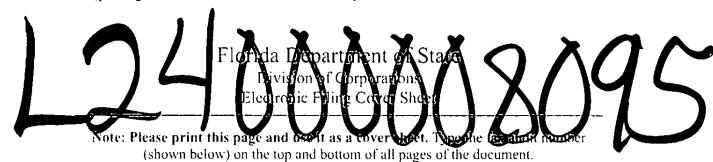


TC_18506176383 FROM: 3054233206

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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 : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 : (305)372-1350 Phone

#####Eer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| Sold | Email Address: gsr@levinelawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIOLATION CLINIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON APR - 2 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Violation Clinic, LLC	end Link like Common to the		
(Name of the Lim	ted Liability Company as it no (A Florida Limited Liability Co	mappears on our records.)	
The Articles of Organization for this Limited I	liability Company were file	d on <u>01/01/2</u> 024	and assigned
Florida document number 1.24000008095	······································		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
			202
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the ab	٠. • در]
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
			2: 1
Enter new mailing address, if applicable:			1 5
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		n our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:	Alan W. Levine		
New Registered Office Address:	3350 Mary Street		
	E	Enter Florida street address	
	Miami		133
	City		Zip Code

Thereby 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.

Alan W. Levins

If Changing Registered Agent, Signature of New Registered Agent

04/2/2024 10:33 AL

TO:18505176383 FROM:3054233206

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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
MGR	Paul Silverberg	1111 Kane Concourse Suite 509	🖸 Add
		Bay Harbor Islands, FL 33154	■Remove
			□Change
MGR	Giovannina Capolongo	1111 Kane Concourse Suite 509	\equiv Add
		Bay Harbor Islands, FL 33154	
			□Change
			□Add
			□Remove
			☐Change =
			DAdd &
			□Remove
			ŪAdd
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if	necessary.)
-		
		
		
		2024
* Marie Wall - 107		7:3·····
		R -2
		: 2
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		.
		Miles believe to the state of the best of
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	at be specific and cannot be prior to date of filing or more than 90 days ook does not meet the applicable statutory filing requirements	optional) s after tiling.) Pursuant to 605.0207 (3)(b) s, this date will not be listed as the
If the record specifies a delayed effective record is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated April 2	. 2024	
	Jari Goodkin Dausey Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Jeri Goodkin Dausey	Typed or printed name of signee	

Filing Fee: \$25.00