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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : B RILEY WEALTH TAX SERVICES INC

Account Number : 120120000051 : (305)937-7773 : (815)301-2897 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AG R.E. HOLDING LLC

AM 10: 25	OF STATE RPORATIONS E. FLORIDA
GR 13	AN, MYHT (108, OF COR 128, 85555

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AG R.E. HOLDING LLC			
	pany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan		and a	ssigned
Florida document number L24000053901			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	ne abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
Principal office uddress MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	address on our records, enter the r	name of the ne	registere
agent and/or the new registered office address here:			<u>:</u>
		5	5 II
Name of New Registered Agent:			- [77
New Registered Office Address:	Enter Florida street address		1 1
	, Florida		2
·	Cirv	CZIP 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

Title	Name	Address	Type of Action
MGR	ALEXANDER GOLDBERG	19961 NE 37th CT	
		AVENTURA, FL 33180	□Remove
			☐ Change
			□Add
			□ Remove
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ote: If the	e, if other than tale is listed, the date is late inserted in this fective date on the	s block does not r	meet the applica	able statutory filin	(opt nore than 90 days after g requirements, th	ional) er filing.) Pursuant to 60 is date will not be li	05.0207 sted as
record speci is filed.	tics a delayed efter	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day af	ter the
	13		. 2024	_ ·			
ated March			1/ /				
ated March			1-				
March		Signature of d	fleigher or autho	nized representative	of a member		

Filing Fee: \$25.00