L24000063288

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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| Office Use Only |



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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| XX | FILING | LLC AMEND | |
| | 121 COOPER ST LLC CORPORATE NAME AND DOCU | JMENT #) | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 MAR 19 PH 12: 18

| 3121 COOPER ST LLC | | Pilot Street |
|--|--|---|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our mited Liability Company) | records.) LALLAHASSEE, FLORI |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L24000063288</u> | npany were filed on February 6 | , 2024 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | ··· |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered A | gent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of | plete performance of my duti t as provided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is |

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-------------------------------|----------------|
| MGR | MICHEL SCAŁA | 1000 Legion Place, Suite 1200 | = Add |
| | | Orlando, Florida 32801 | □Remove |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records. | (optional) Jays after filing.) Pursu ents, this date will n | uant to 605.02 not be listed |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied is filed. | er of: (b) The 90th | i day after th |
| Dated March 18 | | |
| Signature of a member or authorized representative of a member | ī | |