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COVER LETTER

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TO: Registration S Division of Co			
	8TH PL, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Charles C. Jones, II		
		Name of Person	
	Jones, Haber & Rollings		
	 	Firm/Company	
	1633 SE 47th Terrace		
		Address	
	Cape Coral, Florida 33904	1	, ,
		City/State and Zip Code	:
	jones@joneshaberlaw.com		er N
	E-mail address: ((to be used for future annual report notification)	-,
For further information	concerning this matter, please c	call:	
Sharon Cirillo		239 542-0700	<u>ာ</u> တ <u>မ</u>
Name (of Person	Area Code Daytime Telephone Number	<u>်</u> က ပျ
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

125 NW 38TH PL, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were	filed on February 14, 2024 and assigned
lorida document number 1.24000080885	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	150
	<u> </u>
	- .
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	$H_{p_{i}}^{-1}$. Given $H_{p_{i}}^{-1}$
3. If amending the registered agent and/or registered office addrest gent and/or the new registered office address here:	is on our records, <u>enter the name of the new reg</u>
gent and/or the new registered office address here.	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Helen Gofman	125 NW 38th Place	□Add
		Cape Coral, Florida 33993	■Remove
			□Change
MGR	Helen Gotman	125 NW 38th Place	⊟ Add
		Cape Coral, Florida 33993	□Remove
			Change
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() (an effe Note:)	e date, if other than the date of filling: two date is botal, the date must be specific and cannot be possible as the date inserted in this block does not meet the applicable at it's effective date on the Department of State's (conds)	(optional) of filing or new than 90 day after they I Passant wis autotory filing requirements, this date will not be li	ns (201) isod as th
If the record record is fil	specifies a deby ed effective date, but not an effective time, at d	i 12 01 a.m. on the earlier of (b). The 90th day at	iler the
	April 30, 2024		

Filing Fee: \$25.00