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COVER LETTER

TO: Registration S Division of Co				
	oor Blvd LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Naranbaatar Erkhembaa	tar		
		Name of Person		•
	2229 Harbor Blvd LLC			
		Firm/Company		
	419 N Federal Hwy #113	;		
		Address	·	
	Hallandale Beach, FL 33	009		
		City/State and Zip Code		•
	nara82692@gmail.com E-mail address: (o be used for future annual report i	notification)	
For further information of	concerning this matter, please ca	all:		
Naranbaatar Erkhemb	aatar	786 556-8723	3	
Name o	of Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Skitus 2021 Copyr Copyr
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address Registration Division of C The Centre o	Section	PM 12: 53 Y OF STATE

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2229 harbor blvd IIc (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/22/2024}{1}$ and assigned Florida document number L24000092838 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv 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 familian with and accept the obligations of my position as : egistered 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>	<u>Name</u>	Address	Type of Action
P	Naranbaatar Erkhembaatar	419 N Federal Hwy, Hallandale Beach FL 33009	} ■Add
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			🗆 Add
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filed.				- -	: 53
					m
d	March 24th	. 2024			
		43			
	Signature	e of a member or authorized	representative of a inci	mber	

Filing Fee: \$25.00