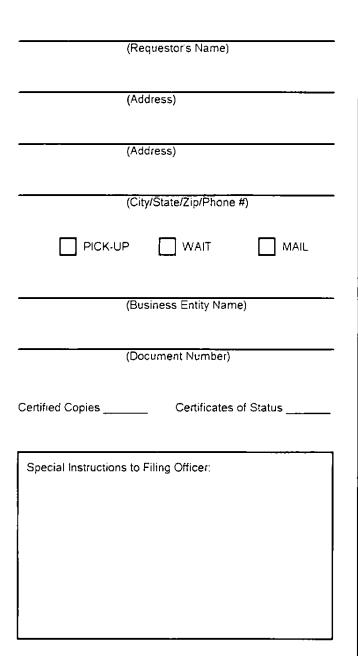
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Office Use Only





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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Oakland Grove 119 A, LLC (Name of the Lin  | nited Liability Company as it now ap<br>(A Florida Limited Liability Company | pears on our records.)                             |  |  |
|--|--|--|--|--|
|  | (A Florida Limited Liability Compar  | ny)  |  |  |
| The Articles of Organization for this Limited  | 02/26/2024 and assigned  |  |  |  |
| Florida document number L24000099691   |  |  |  |  |
| Torida document hamoer   | , <u> </u>   |  |  |  |
| This amendment is submitted to amend the fo  | llowing:   |  |  |  |
| A. If amending name, enter the new name  | of the limited liability company   | here:  |  |  |
| he new name must be distinguishable and contain the  | at initial Calling Community   | Assignation "I.I.C" or the abbraviation "I.I.C."   |  |  |
| he new name must be distinguishable and contain the  | words "Limited Liability Company, the  | ne designation (LLC) or the appreviation (L.L.C.   |  |  |
| Enter new principal offices address, if appl   | icable:  |  |  |  |
| Principal office address MUST BE A STRE  | 2n2:-  |  |  |  |
|  |  |  |  |  |
|  |  | :-5  |  |  |
|  |  | -  |  |  |
| nter new mailing address, if applicable:   |  |  |  |  |
| <u>Mailing address MAY BE A POST OFFICI</u>  | <u> </u>   | _ນ   |  |  |
|  |  | <u>့</u>   |  |  |
|  |  | (.)<br>(II   |  |  |
| <ol> <li>If amending the registered agent and/or<br/>gent and/or the new registered office addr</li> </ol> |  | r records, <u>enter the name of the new regi</u> s |  |  |
| Name of New Registered Agent:  | Registered Agents, Inc.  |  |  |  |
| New Registered Office Address:   | 7901 4th St. N, Ste 300  |  |  |  |
|  | Enter Florida street address   |  |  |  |
|  | St. Petersburg   | , Florida 33702                                    |  |  |
|  | Citv   | Zip 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.

David Roberts

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 |
|--------------|-----------------|---------------------------------------|----------------|
| MDL          | Saher Adbulhadi | 649 W. Oakland Park Blvd., Unit 119 A |                |
|              |                 | Wilton Manors, FL 33311               | □ Rетюче       |
|              |                 |                                       | □Change        |
|              | Charlene Katzen | 649 W. Oakland Park Blvd., Unit 119 A | □Add           |
|              |                 | Wilton Manors, FL 33311               | Remove         |
|              |                 |                                       | □Change        |
| <del></del>  |                 |                                       | 🗀 Add          |
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|              |                 |                                       | □Add           |
|              |                 |                                       | Remove         |
|              |                 |                                       | □Change        |

| Purpose of Amendment:  |   |                        |                           |                          |
|--|---|------------------------|---------------------------|--------------------------|
| 1. Change name and address   | of Registered Agent;                        |                        |                           |                          |
| 2. Change name and address   | of Member, adding Saher                     | Abdulhadi and ren      | noving Cahrlene Katzen.   |                          |
|  |   | ·                      |                           |                          |
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|  |   |                        |                           |                          |
|  | 02/26/20                                    | 24                     | , ,,,                     | •                        |
| Tective date, if other than the n effective date is listed, the date must nte: If the date inserted in this blocument's effective date on the Do | t be specific and cannot be proceed the app | olicable statutory fil | ing requirements, this da | ng.) Pursuant to 605.020 |
| ecord specifies a delayed effective is filed.  | date, but not an effectiv                   | e time, at 12:01 а.п   | n. on the earlier of: (b) | The 90th day after the   |
| ted March 8  | , 2024                                      | <u>.</u>               |                           |                          |
| Sahe   | er Abdulhadi 📁 💋                            | x) .                   |                           |                          |
|  | Signature of a member or a                  | uthbrized representati | ve of a member            |                          |

Filing Fee: \$25.00