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(((H24000158845 3)))



H240001588453ABC4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 888 BISCAYNE 2404, LLC

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T. LEMIEUX

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MAY 13 2024

May 2, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

888 BISCAYNE 2404, LLC PO BOX 32655 WEST PALM BEACH, FL 33420US

SUBJECT: 888 BISCAYNE 2404, LLC

REF: L24000185813

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H24000158845 Letter Number: 224A00009582 999 DISCAVNE 2404 LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L24000185813</u>	Liability Company	were filed on 04/2.	3/2024	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or t	ng abbreviations L.L.C."
Enter new principal offices address, if appli	cable:			024 MI
(Principal office address MUST BE A STREE	ET ADDRESS)	····		3 1
			 -	- 11
Enter new mailing address, if applicable:		PO BOX 32665		a di di
Mailing address MAY BE A POST OFFICE	BOX)	West Palm Beach.	FL 33420	25
3. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:		address on our rec	ords, <u>enter the r</u>	name of the new register
	3330 FAIRCHILD GARDENS AVE, UNIT 32665			
New Registered Office Address:	New Registered Office Address: 3330 FAIRCHILD GARDENS AVE, UNIT 32003 Enter Florida street address			
	WEST PALM	ВЕАСН	, Florida	33420
		City	, 1 101 103	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.

By: Marja Souza, Attorney-in-fact
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
			□Add
			□Remove
			☐ Change
			□Add
		-	□ Remove
			□Change
			□Add
			Remove
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) g.) Pursuant to 605.0207 (3)((optional rior to date of filing or more than 90 days after filing	e, II otner than the date te is listed, the date must be sp	. Effective date, if (If an effective date is
e will not be listed as the	plicable statutory filing requirements, this dat	ate inserted in this block di ective date on the Departi	Note: If the date
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he 90th day after the	e time, at 12:01 a.m. on the earlier of: (b) T	es a delayed effective date	the record specifies cord is filed.
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	215		
		I	cord is filed.

Typed or printed name of signee