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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: JACARANDA HEIGHTS LLC

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JUN 21 2024 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 Jacaranda Heights LLC	*	<u>ئۆ</u>
(Same of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000192012</u>	ompany were filed on 4/29/2024	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
45		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		6
46		<u></u>
B. If amending the registered agent and/or registered	office address on our records, enter the nan	ne of the new register
agent and/or the new registered office address here:	ار ماران ماران	用量回
Name of New Registered Agent:		10 t
New Registered Office Address:	Enter l·torida street address	7 3
		•
	Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

From: Kaity Toon

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2024-06-20 11:05:34 PDT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
-AMBR	J. David Heller	1228 Euclid Avenue, 4th Floor Cleveland. Ohio 4411.	
			_ ⊠Remove
			_ 🗆 Change
AMBR	Noam Magence	1228 Euclid Avenue, 4th Floor Cleveland, Ohio 4411.	S _ □Add
			_ ■Remove
			_
AMBR	George Currall	1228 Euclid Avenue, 4th Floor Cleveland, Ohio 4411:	5 _□Add
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Signature of a member or authorized representative of a member	PO	,	·			
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