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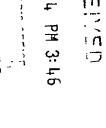
| (Re                       | questor's Name)   | <u> </u>    |
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| PICK-UP                   | WAIT              | MAłL        |
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| Certified Copies          | _ Certificates    | s of Status |
| Special Instructions to F | _                 |             |
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INC.

SPECIAL INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1656

## **WALK IN**

|    | PICK UP:                                   | BROOK 6/14 |
|----|--|------------|
|    | CERTIFIED COPY                             |            |
| XX | РНОТОСОРУ                                  |            |
|    | GS   |            |
| XX | FILING                                     | LLC AMEND  |
|    | K 131-96 LLC<br>CORPORATE NAME AND DOCUMES | NTL #)     |
| (( | TORPORATE NAME AND DOCUMES                 | NT #)      |
| (( | CORPORATE NAME AND DOCUMES                 | NT #)      |
| (( | CORPORATE NAME AND DOCUMES                 | NT #)      |
| (( | CORPORATE NAME AND DOCUMEN                 | N'1'#)     |
| (( | ORPORATE NAME AND DOCUMEN                  | NT #)      |

#### **COVER LETTER**

TO:

| TO: Registration S<br>Division of Co |  |   |  |
|--------------------------------------|--|---|--|
| CHD IEC'T.                           |  | 31-96 LLC   |  |
| SUBJECT:                             |  | ited Liability Company  | <del></del>  |
| The enclosed Articles of             | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter               | to the following:   |  |
|                                      | ELIZABETH ZAMORA-I                           | EDWARDS   |  |
|                                      |  | Name of Person  |  |
|                                      | VZ ACCOUNTING SERV                           | /ICES INC.  |  |
|                                      |  | Firm/Company  |  |
| •                                    | 6420 NW 5TH WAY                              |   |  |
|                                      |  | Address   |  |
|                                      | FORT LAUDERDALE, F                           | L 33309   |  |
|                                      | FORT! AUDEDDALE CL                           | City/State and Zip Code   |  |
|                                      | FORT LAUDERDALE, FL<br>E-mail address: (     | to be used for future annual report n                               | otification)   |
| For further information (            | concerning this matter, please c             |   | •  |
| ELIZABETH ZAMORA                     | 4-EDWARDS                                    | 954<br>at ( )   | 598-2994   |
| Name (                               | of Person                                    |   | ime 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre<br>Registration        |  | Street Address:<br>Registration S                                   |  |
| Division of C                        | Corporations                                 | Division of C   | orporations  |
| P.O. Box 63:<br>Tallahassee,         |  | The Centre of 2415 N. Mon   | f Tallahassee<br>roe Street, Suite 810   |

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

| SK 131-96   | LLC  | 2024 JUN                   | 14 AM 9:51          |
|---|--|----------------------------|---------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears<br>Liability Company) | on our records.)           |                     |
| The Articles of Organization for this Limited Liability Company  Florida document number  | were filed on                              | 05/17/2024                 | and assigned        |
| This amendment is submitted to amend the following:   |  |                            |                     |
| A. If amending name, enter the new name of the limited liab   |  |                            |                     |
| The new name must be distinguishable and contain the words. Limited Liabil.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | ·  | ignation "LLC or the ab    |                     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |                            |                     |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our rec                         | ords, <u>enter the nam</u> | e of the new regist |
| Name of New Registered Agent:   |  |                            |                     |
| New Registered Office Address:  | Enter Florid                               | a street address           | <del>-</del>        |
|   |  | Elada.                     |                     |

#### 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.

City

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          | AIKATEPINH, AIKATERINI | 6420 NW 5TH WAY           |                |
|              |                        | FORT LAUDERDALE, FL 33309 | ■Remove        |
|              |                        |                           | □Change        |
| MGR<br>·     | LIONTI, AIKATERINI     | 6420 NW 5TH WAY           | ■Add           |
| ,            |                        | FORT LAUDERDALE, FL 33309 | □Remove        |
|              |                        |                           | □Change        |
|              |                        |                           | □Add           |
|              |                        | -                         | □Remove        |
|              |                        |                           | □Change        |
|              |                        |                           | □Add           |
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|              |                        |                           | □Change        |
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|  |                     |                                       |   |                       |                         |   |
|  |                     |                                       |   |                       |                         |   |
|  |                     | <del> </del>                          |   |                       |                         |   |
| n effective date i<br><b>te:</b> If the date |                     | be specific and<br>ock does not m     | cannot be prior to c<br>leet the applicable | late of filing or mor | e than 90 days after ti | nal)<br>lling.) Pursuant to 605.02<br>date will not be listed |
| cord specifies<br>s filed.                   | a delayed effective | date, but not                         | an effective time                           | , at 12:01 a.m. or    | the earlier of: (b)     | The 90th day after th   |
| ted  | June 13             |                                       | 2024  | AB                    | ~                       |   |
|  |                     | Signature of a n                      | nember or authorize                         | ed representative o   | a member                |   |
|  |                     |                                       |   |                       |                         |   |