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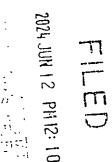
| (Requ | estor's Name) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: | Registration Sec Division of Corp | | · | |
|--------------|---------------------------------------|---|---|--|
| | 16 UNITS F | PROJECT B LLC | | ų . |
| SUBJE | CCT: | Name of Limi | ted Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | to the following: | |
| | | Harvey Ackerman | | |
| | | | Name of Person | |
| | | HZA LTD | | |
| | | | Firm/Company | |
| | | 24 Agassi Street | | |
| | | | Address | |
| | | Jerusalem , Israel 9387724 | | |
| | | | City/State and Zip Code | |
| | | tackerman613@gmail.com | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For fur | ther information c | oncerning this matter, please ca | all: | |
| Harve | y Ackerman | | 917 475-0418 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclos | ed is a check for the | he following amount: | | |
| ≡ \$2 | 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) |
| | <u>Mailing Addres</u> Registration | | Street Address: Registration Se | ection |
| | Division of C | Corporations | Division of Co | rporations |
| | P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monro | Fallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 10 UNITS PROJECT B LLC | | |
|--|---|-----------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000240245</u> | any were filed on May 23, 2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited I | iability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | <u> </u> |
| | | 202 |
| | | 7074 JUN |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 2 |
| Mutting dutiess MAT BLATOST OTTICE BOXY | | |
| | | <u></u> |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>enter th</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | ida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

LC CINUTE BROJECT DILLC

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 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> | Name | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------------|----------------|
| MGR | Desiree Ownby | 1776 Oak Grove Drive S | ≡ Add |
| | | Green Cove Springs, FL 32043 | □Remove |
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| ffective date, if other | than the date of | filing: | | (ontic | inal) | |
| ffective date, if other an effective date is listed, the | ne date must be speci | fic and cannot be prior | to date of filing or m | ore than 90 days after | filing.) Pursuant to 60: | 5.0207 (3) |
| Vote: If the date inserted locument's effective date | on the Department | i not meet the applicant of State's records. | able statutory filing | g requirements, this | date will not be list | ted as the |
| | | | | | | |
| record specifies a delaye | ed effective date, b | ut not an effective tir | me, at 12:01 a.m. | on the earlier of: (b | The 90th day afte | er the |
| d is filed. | | | | | Ť | |
| Lung 4 | A | 2024 | | | | |
| June 6 Pated | _//_ | 2024 | <u> </u> | | | |
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| | Signatur | e of a member or autho | mand representative | of a marphas | | |
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