1240003/6965

| (Requestor's Name) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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08/20/24



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 8/20/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1279846

ORDER ENTITY

1460 MANALAPAN LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

1460 MANALAPAN LLC (FL)

File the attached amendment and provide a certified copy

NOTES:

\$55.00 Authorized



RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, August 20, 2024 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1460 Manalapan LLC | | |
|--|--|-----------------------|
| (Name of the Limited Liability Compa (A Florida Finited) | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company dortda document number $\frac{1.24000316965}{1.000000000000000000000000000000000000$ | were filed on 07/18/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Fabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2665 S. Bayshore Drive, Suite M100 | |
| Principal office address MUST BE A STREET ADDRESS) | Mrami, FL 33133 | |
| | | ·. : |
| | | |
| Enter new mailing address, if applicable: | 2665 S. Bayshore Drive, Suite M100 | • • |
| (Mailing address MAY BE A POST OFFICE BON) | Mraim, FL 33133 | 7.5 7.55 |
| | | -: |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the na</u> | ume of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | |
| | City | 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 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 | Cristina Pereyra Alvarez | 2665 S. Bayshore Drive, Suite M100 | |
| | | Miami, FL 33133 | □Remove |
| | | | □Change |
| MGR | Vivian Z. Dunond | 2665 S. Bayshore Drive, Suite M100 | □Add |
| | | Miami, Ft. 33133 | □Remove |
| <u> </u> | | ≝ Change | |
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| <u>te:</u> 11 the date inserted in thi | the date of filing: must be specific and cannot be prior to dat s block does not meet the applicable s e Department of State's records. | (option c of filing or more than 90 days after fi- tatutory filing requirements, this c | ing.) Pursuant to 605.0. |
| cord specifies a delayed effe s filed. | ctive date, but not an effective time, a | (12:04 a.m. on the earlier of: (b) | The 90th day after t |
| ed | 2024 | | |
| | Dimond | | |
| 's. Vivian Z. | Signature of a member or authorized | | |

Filing Fee: \$25.00