Note: Please print this page and use it as a cover sheet. Type the fax audit number shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **209 NW 36TH AVE L.L.C.**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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Corporate Filing Menu

Help

K. SALY SEP 18 2024

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF



209 NW 36TH AVE L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07-31-2024 \_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" (« the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

Enter Florida street address

, Florida

1

09/16/2013 23:11 3052201440 LAZARUS CORPORATE PAGE 03/04

## 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            | Address                               | Type of Action                        |
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| fective date, if other than the date of filing in effective date is listed, the date must be specific and the file inserted in this block does not current's effective date on the Department of | d cannot be prior to<br>meet the applical | o date of filing or mobile statutory filing | (opti<br>re than 90 days after<br>requirements, thi   | ∵iling.) Pursuar | nt to 605.02<br>be listed             |
| ecord specifies a delayed effective date, but no<br>is filed.  | t an effective tím                        | ne, at 12:01 a.m. o                         | n the earlier of; (b  | ) The 90th d     | lay after th                          |
| ted September 17   | . 2024                                    |   |   |                  |                                       |
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