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Division of Corporations

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From:

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Account Number : 120020000140

: (561)844-3600

Phone

: (561)842-4104

Fax Number

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Email Address: M.Th.LIEN @ MARCJULIONGROW

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09-11-24 04:29am From-

Docusign Envelope ID: 9E93E884-D983-4298-9378-4B6EA59E4D54 ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

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209 SE FIFTH LLC

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 26, 2024 and assigned
Florida document number L24000374549	
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	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new maiting address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Malling address MAT BEATOST GITTOS	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
·	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with t e 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 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

09-11-24 04:30am From-

T-909 P.04/05 F-916

Docusign Envelope ID: 9E93E884-D983-4298-9378-486EA59E4D54
Trainenting 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
MGR	JENNIFER KILPATRICK	901 GEORGE BUSH BLVD	= Add
		DELRAY BEACH, FL 33483	□Rcmove
			Change
			C Add
			□ Remove •
			Change
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		· · · · · · · · · · · · · · · · · · ·	□Add
			🖸 Remove
			□Change
			⊡Add
			Change
			□Remove

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	(4:a-a))
Tective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	capie statutory titting regularisments, bus dute with the section
segment's effective date on the Department of State 5 (coord	•
and smaller a delayed offertive date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
SEPTEMBER II 2024	·
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