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Certified Copies	Certificates of S	tatus
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Special Instructions to f	Filing Officer:	

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 10/31 **CERTIFIED COPY** XX**PHOTOCOPY CUS** XX**FILING** LLC AMEND 195 - 197 EAST 2ND AVE, LLC 1. (CORPORATE NAME AND DOCUMENT#) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

COVER LETTER

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cun incr.	195-197 E.	AST 2ND AVE, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Phillip B. Rarick		
		<u></u>	Name of Person	<u> </u>
		Rarick & Bowden Gold, P	.A.	
			Firm/Company	
		6500 Cowpen Road, Suite	204	
			Address	
		Miami Lakes, FL 33014		
			City/State and Zip Code	
		prarick@raricklaw.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	formation c	concerning this matter, please c	alī:	
Phillip B. Ra	rick		305 556-5209	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	h e following amount:		
≡ \$ 25.00 Fi	iling 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
	ling Addres		Street Address: Registration S	ection
_		Corporations	Division of Co	
	. Box 632		The Centre of	
Tall	ahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records.) Company)
Company)
iled on 10/17/2024 and assigned
mpany here:
pany," the designation "LLC" or the abbreviation "L.L.C."
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s on our records, enter the name of the new registere
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Enter Florida street address
, Florida
y 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 = M $AMBR = M$	·lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00