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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number: 075350000132 Phone : (305)374-7580 Fax Number : (786)646-6129

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email Address: | vva@bilzin.com |  |
|----------------|----------------|--|
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|                |                |  |

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C4 APARTMENTS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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Electronic Filing Menu

Corporate Filing Menu

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# (((H25000165298 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| C4 Apartments, LLC  |  |                        |
|---|--|------------------------|
| (Name of the Limited Liability Co<br>(A Florida Lim   | ompany as it now appears on our records.)<br>oited Liability Company)  |                        |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L24000467999</u> . | oany were filed on November 5, 2024  | and assigned           |
| This amendment is submitted to amend the following:   |  |                        |
| A. If amending name, <u>enter the new name of the limited</u>   | liability company here:  |                        |
| C4 Carriour Apartments, LLC   |  |                        |
| The new name must be distinguishable and contain the words "Limited I   | Liability 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   | <u> </u>   |                        |
|   |  |                        |
|   |  | (*3<br>(*2             |
| Enter new mailing address, if applicable:   |  |                        |
| Mailing address MAY BE A POST OFFICE BOX  |  |                        |
|   |  |                        |
| <ol> <li>If amending the registered agent and/or registered off</li> </ol>                                    | ica address an our records, enter the new  | no of the new regist   |
| gent and/or the new registered office address here:   | e de de la contra del la contra de la contra del la contra de la contra del la contra de la contra de la contra del la contra del la contra de la contra de la contra de la contra del la contra dela | <del>Ģ</del>           |
|   |  | 5                      |
| Name of New Registered Agent:   |  |                        |
| New Registered Office Address:  |  |                        |
|   | Enter Florida struct address   |                        |
| <del></del>   | , 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.

| lf | Changing | Registered | Agent. | Signature | of New | Registered Agent | Ĺ |
|----|----------|------------|--------|-----------|--------|------------------|---|

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MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-heing added or removed from our records:

| AMBR # 2    | Authorized Member |                |                |
|-------------|-------------------|----------------|----------------|
| Title       | <u>Name</u>       | <u>Address</u> | Type of Action |
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|             |                   | *****          | □Remove        |
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|   |   | ——————————————————————————————————————  |
| Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the | nust be specific and cannot be prior t<br>block does not meet the applica | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605 026 able statutory filing requirements, this date will not be listed a |
| the record specifies a delayed effectord is filed   | tive date, but not an effective tir                                       | ne, at 12:01 a.m. on the earlier of: (b). The 90th day after the  |
| Dated May 6   | . 2026  | _·  |
| /s/Stephanie Berg   | กาสา  |   |
|   |   |   |
|   | Signature of a member or autho  | rized representative of a member  |

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