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

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Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 24 ISLA BAHIA DRIVE, LLC



O 01/16/2025 12:47 PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 ISLA BAHIA DRIVE; LLC

#### (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

	<u></u> <u>N</u>	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" of the abbreviation" "LLC" of the abbreviation" "LLC" of the abbreviation" "LLC" of the abbreviation" "LLC" of t	C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		-
		<u></u>
Enter new mailing address, if applicable:	ç. D	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ن</u> م	

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:	Enter Florida street ac	idress
		, Florida
	Спу	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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGRM	Gregory J. Shottenkirk	24 ISLA BAHIA DRIVE	🗋 Add
		FORT LAUDERDALE, FL 33316	Remove
			□Chang <del>e</del>
MGRM	Milic Novovic	5531 N. University Drive, #103	🖬 Add
		Coral Springs, FL 33067	
			🗆 Change
			🗆 Add
			Петоче
			[]Change
			Add
			🗆 Change
			🗆 Add
			🗆 Remove
			[]Change
			🗆 Add
			Remove
			Change

D.	If amending any other information,	enter	change(s) here:	(Attach additional she	ets, if necessary.)
	I. amending may enter meeting			(	

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Effectiv	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Puistant to 605.0207 ( f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
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