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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
142 SE 6 L					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
		·			
Please return all correspo	ondence concerning this matter	to the following:			
	Jason M. Lazar				
		Name of Person			
				11	787
		Firm/Company		A Charles Shirt	OI WALL CAR
	215 N Federal Highway				7
		Address		ار دار: دار:	_
	5. 5. 59. 59.	radicas		- 0	-
	Boca Raton, FL 33432				
	jlazar@investmentslimited.	City/State and Zip Code			
		to be used for future annual report notific	ration)		
For further information c	oncerning this matter, please c				
Jason Lazar		561 392-8920 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		
Mailing Addres		Street Address:			
Registration S Division of C		Registration Sect Division of Corp			
P.O. Box 632		The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

142 SE 6 LLC			<u> </u>
(Name of the Limited	Liability Compa \ Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Lia florida document number	bility Company 	were filed on01/16/20	and assigned
his amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liab	oility company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		215 N Federal Highwa	ıy
Principal office address MUST BE A STREET		Boca Raton, FL 33432	?
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		215 N Federal Highwa Boca Raton FL 33432	<u> </u>
 If amending the registered agent and/or regent and/or the new registered office address 		address on our record	s, enter the name of the new regis
Name of New Registered Agent:	Jason M. Lazar	r	
New Registered Office Address:	215 N Federal	Highway	
-		Enter Florida stre	
	Boca Raton		, 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BATOFF, JERALD	3511 S OCEAN BLVD	
		HIGHLAND BEACH, FL 33487	=Remove
			□Change
MGR	James H. Batmasian	215 N Federal Highway	= Add
		Boca Raton FL 33432	□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the da an effective date is listed, the date must be Note: If the date inserted in this block	does not meet the applica	o date of filing or more than 90 da ble statutory filing requiremen	(optional) ys after filing.) Pursuant to 60 nts, this date will not be lis	05.0207 (3)(sted as the
ocument's effective date on the Depa record specifies a delayed effective da		ne, at 12:01 a.m. on the earlier	r of: (b) The 90th day aft	er the
l is filed.			\$* ;	202
March 6	2025		· · · · · · · · · · · · · · · · · · ·	2025 MAR 10
Pated	1/4:	_·	22	, 5 5
	XII			
Sig	inglure for the member or surfor	ived representative of a member	- · · · · · · · · · · · · · · · · · · ·	PM 6: 40
	II			

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Filing Fee: \$25.00