

25000042008

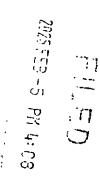
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COVER LETTER

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TO: Registration Section

Division of Cor	porations		
SUBJECT: 1815 Dou	iglas Ave. LL.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aaron Botti		
		Name of Person	
	Ossentjuk & Botti	Firm/Company	
	2815 Townsgate Rd.,	Address	
	Westlake Village, CA	91361	
		City/State and Zip Code	
	ABotti@oandblawye	rs.com to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please c		
Aaron Botti		at (<u>805</u>) <u>557-8088</u>	
Name o	f Person	Area Code Daytime Te	lephone 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corpor The Centre of Tall	
Tallahassee,		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1815 DOUGLAS AVE, LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison $\frac{1.25000042008}{1.25000042008}$.	any were filed on 01/23/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	23
		25
		(j) (<u>1</u>
Enter new mailing address, if applicable:		U1 2
(Mailing address MAY BE A POST OFFICE BOX)		· 11
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		0.9
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. 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 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>	<u>Address</u>	Type of Action
MGR	IMMERSIVE HOMES, LLC	10455 RIVERSIDE DRIVE, SUITE 110	🗆 Add
		PALM BEACH GARDENS, FL 33410	■ Remove
		·	□Change
MGR	AMIN C. KHOURY	10455 RIVERSIDE DRIVE, SUITE 110	■Add
		PALM BEACH GARDENS, FL 33410	□Remove
			□Change
PRES	AMIN J. KHOURY	10455 RIVERSIDE DRIVE, SUITE 110	□Add
		PALM BEACH GARDENS, FL 33410	=Remove
			□Change
SVP	AMIN C. Khoury	10455 RIVERSIDE DRIVE, SUITE 110	□Add
		PALM BEACH GARDENS, FL 33410	■Remove
			□Change
			□Add
			□Remove
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			Remove
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record d is file		layed effective o	late, but not	an effectiv	e time, at 12	:01 a.m. on	the earlier of	: (b) The 90	th day after th
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Dated _	- Cirtuary 5			\ \	·				
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				<u> </u>					
		S	gnature of a r	nember or a	uthorized repr	esentative of	a member		

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Filing Fee: \$25.00