L25000213509

| (Requestor's Name) |
|---|
| (Itequestor's Ivame) |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special histractions to Filing Officer. |
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COVER LETTER

Registration Section

| Division of Cor | rporations | | | |
|--|---|--|--|-------------|
| 1333 N 3R | D LLC | | | |
| SUBJECT: | Name of Lin | nited 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: | | |
| | Elias Hionides | | | |
| | | Name of Person | | |
| | Petra Management | | | |
| | | Firm/Company | | |
| | 2440 Mayport Road Suite | 7 | | |
| | | Address | | |
| | Jacksonville FL32233 | | | |
| | • | City/State and Zip Code | | |
| | ehionides@petrajax.com | | | • • • • • • |
| | | (to be used for future annual report notif | ication) | 5. |
| For further information of | concerning this matter, please c | call: | | |
| Stefani Serna | | 904 241-1151 | | |
| Name e | f Person | at () Area Code Daytime | e Telephone Number | _ |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is | Status & |
| Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo | porations | |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1333 N 3RD LLC | | | |
|--|--|--|-----------------------------|
| (Name of the Limited (A | Liability Company as it Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Liab Florida document number L25000213509 | ility Company were f | iled on 05/13/2025 | and assigned |
| his amendment is submitted to amend the follow | ing: | | |
| A. If amending name, <u>enter the new name of th</u> | ne limited liability co | mpany here: | |
| The new name must be distinguishable and contain the word | ls "Limited Liability Com | pany," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | | |
| Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| | | 1111 O <u></u> | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or regingent and/or the new registered office address by | | on our records, <u>enter th</u> | e name of the new regist |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street address | |
| | | | da |
| | Cin | r | Zin 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 ar removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------|----------------|
| MGR | HIONIDES, ELIAS | 2440 MAYPORT ROAD, SUITE 7 | □Add |
| | | JACKSONVILLE FL 32233 | ≡Remove |
| | | | |
| MGR HIO | HIONIDES. CHRIS | 2440 MAYPORT ROAD, SUITE 7 | ■Add |
| | | JACKSONVILLE FL 32233 | □Remove |
| | | | □Change |
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| Effective date, if other than to fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the | oust be specific and cannot be prior block does not meet the application. | (option to date of filing or more than 90 days after fitable statutory filing requirements, this continues. | ling.) Pursuant to 605.0207 |
| record specifies a delayed effect is filed. | ive date, but not an effective ti | ime, at 12:01 a.m. on the earlier of: (b) | |
| May 20th | 2025 | | 2025 HAY 28 AN 10: 38 |
| ated | | _ · | |
| | A | | 28 |
| | Signature of a member or author | orized representative of a member | |
| **** *** * * * | | | |
| Elias Hionides | | | ٠ است |

Filing Fee: \$25.00