P21000074265

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: F.L.L. 129 AVE CORP. DOCUMENT NUMBER: P21000074265 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JESSICA RUIZMARTINEZ Name of Contact Person ROBINSONLAW, P.A. Firm/ Company 1501 VENERA AVE SUITE 300 Address CORAL GABLES, FL 33146 City/ State and Zip Code JESSICA@RROBINSONLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JESSICA RUIZMARTINEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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F.L.E. 129 AVE CORP.		
(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)
P21000074265		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	iis Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.z	A professional corporation n	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
(Principal office address SIOST BE A STREET ADDRESS)		
		2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2021 1777 2
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.		me of the
•	<u>rss.</u>	
Name of New Registered Agent N/A		
(Florida	street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio		ns of the position.
Signature of Nev	v Registered Agent, if changing	
- · · · · · · · · · · · · · · · · · · ·		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e) F S	
- The amendment(s) is are being med paradime to s. 407.0120 (1	A CAM LOSS	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	e			
X Remove	V	Mike Jo	nes			
X Add	<u>SV</u>	Sally Sn	<u>rith</u>			
Type of Action (Check One)	Title		Name	Address		
1) Change	P,D		EDMUND GELLER	1 SW 129 AVE SUITE 200		
Add				PEMBROKE PINES, FL 33027		
X Remove						
2) Change	P,S,D		Edmund Alan Geller Trust u/a/d 9/22/20-31	1 SW 129 AVE SUITE 200		
X Add				PEMBROKE PINES, FL 33027		
Remove 3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (i) not applicable, indicate N/A) A	-	sheets, if necessary). (Be specific)				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	A						
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	provisions for it	mplementing the a	mendment if not	contained in the	amendment itself	<u>:</u>	
		cable, indicate N/A)	ı				
		·					

•	09/20/2021	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
09/2 Effective date if applicable:	20/2021	
Enective date it applicable.	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this bedocument's effective date on the De		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors	s without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes afficient for approval.	s cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for a	approval
by		
	(voting group)	
Dated	8/202/	
(By a d	irector, president or other officer – if directors of a necested fiduciary by that fiduciary)	
	EDMUND GELLER	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing)	