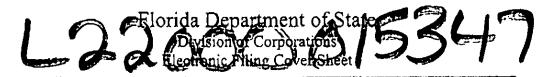
To: FAX SERVICE

From: 3053589656

5/6/22, 10:12 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fex Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number ; (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MHASNER@THERRELBAISDEN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOFTY BRICKELL 3303, LLC

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Holf. LEMIEUX

MAY - 9 2022

## COVER LETTER

TO:	Registration Se Division of Cor		
erna i me	LOFTY BE	BRICKELL 3303, LLC	
SUBJEC	↓1: <u></u>	Name of Limited Liability Company	<del></del>
The encl	losed Articles of	of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	condence concerning this matter to the following:	
		MARK M. HASNER	
		Name of Person	
		THERREL BAISDEN, LLP	
		Firm/Company	<del></del>
		I S.E. 3RD AVENUE, SUITE 2950	
		Address	<del></del>
		MIAMI, FLORIDA 33131	
		City/State and Zip Code	<del>_</del>
		MHASNER@THERRELBAISDEN.COM	
For furth	ner information o	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
MARK	M. HASNER	305 371-5758 at( )	
_	Name o	of Person Area Code Daytime Telephone	Number
Enclosed	i is a check for t	the following amount:	
<b>= \$</b> 25.	.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: 3053589656

5/6/2022 11:05:30 AM p. 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOFTY BRICKELL 3303, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on March 30, 2022 and assigned
Florida document number L22000015347
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
LB 3303, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register
agent and/or the new registered office address here:
2022 F
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
Cliy Szip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

To: FAX SERVICE

From: 3053589656

5/6/2022 11:05:30 AM p. 5 of 6

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	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ffective date, if an effective date is lote: If the date in	other than the	e date of fill ist be specific a	ng:	or to date of fi	ing or more th	(option 90 days after	onal) filing.) Pursuant to	605.0201
ocument's effecti	re date on the I	Department of	f State's record	5.	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
record specifies a	delayed effecti	ve date, but n	ot an effective	time, at 12:0	01 a.m. on the	earlier of: (b	) The 90th day	after the
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rated MAY 6	-	Signature of	a member or au	horized repre	septative of a r	mber		_

Filing Fee: \$25.00