NISCCC035235

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PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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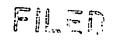


CONTROLLIES

	egistration Section vision of Corporations	
erib ferm	Mariner's Village Center, LLC	
Contact	Name of	Limited Liability Company
The enclose	ed Articles of Amendment and fee(s) are	submitted for filing.
Please rem	II correspondence concerning this ma	tter to the following:
	Leandro Paiva	
		Name of Person
	Mariner's Village Cent	er, LLC
		Firm/Company
	17071 West Dixie High	hway suite 104
		Address
	स्थितम् स्वीक्षाः । १५ १०३	
	paivalea@hounail.com	Cny/State and Zip Code
	E-mail andre	ess: (to be used for future annual report notification)
For further	information concerning this matter, plea-	se call: 776 429 - 0755
Leandro Pi	uiva	,2()5 7(1() 5 (1)
	Name of Person	at ()
Enclosed o	su casoli for the following anter of	
≡ \$25,00	Filing Fee 2 \$30.00 Filing Fee & Certificate of Statu	
v	La Maria Andreas	Street Address
R	lailing Address: egistration Section	Street Address: Registration Section
	rivision of Corporations .O. Box 6327	Division of Corporations The Centre of Tallahassee
	allulussa, pt. 32244	2115 by Somet Street, Suite 810 Eatherway 11 - 2007

医克尔氏 工程,这种海线的运动的发展。

TO ARTICLES OF ORGANIZATION OF



2021 DEC -7 AM 9: 00

MARINER'S VILLAGE CENTER, LLC	< 7	PRETAIN OF SELECT
(Name of the Limited Liability Company as it is (A Florida Limited Liability C	ow appears on our records.) Tompany)	ORETARY OF STATE WILLIAM OF STATE
The Articles of Organization for this Limited Liability Company were fil	led on <u>02/25/2015</u>	and assigned
Florida document number 1.15000035225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability cor	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or th	e 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 agent and/or the new registered office address here:	on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Chrom Street address	
	Patter 1 maries meet aam (9)	

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) and in the last an engine the 19th in 19th in 19th 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	Luiz Alexandre Monteiro Pires	17071 West Dixie Highway	□Add
		Suite 104	□Remose
		North Miami Beach, FL 33160	≣ Change
MGR	Armando Carmo Couri Filho	17071 West Dixie Highway	
		Suite 104	
		North Miami Beach, FL 33160	■Change
			□Remove
			Change
			
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Filing Fee: \$25.00