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Registration Section

Division of Corporations 19 DC - 3 MA 18: 00 5721 Holdings, LLC BJECT: Name of Limited Liability Company ic enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Gilbert Contreras, Esq. Name of Person Contreras & Camacho, P.A. Firm/Company 141 Almeria Avenue Address Coral Gables, FL 33134 City/State and Zip Code rick.s13@hotmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: filbert A. Contreras, Esq. 594-0180 Ext 300 Name of Person Daytime Telephone Number inclosed is a check for the following amount: S25.00 Filmg Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5721 Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability orida document number L19000222042	Company v	vere filed on	8/30/2019		and assigned	
nis amendment is submitted to amend the following:					00	<i>†</i> .
If amending name, enter the new name of the lin	mited liabil	ity company	<u>: here</u> :			
e new name must be distinguishable and contain the words "Lin	imited Liabilit	v Company " th	ha daciunation "I I	(" or the abbre	piarion W. I. C. "	
	mined Elabine	y Company, n	ic designation. Lt	ic of the appre	Hatton L.D.C.	
oter new principal offices address, if applicable:						_
rincipal office address MUST BE A STREET ADD	<u> DRESS)</u>					_
						mew registered mply with the with and ocument is
nter new mailing address, if applicable:						_
failing address MAY BE A POST OFFICE BOX)				 -	<u> </u>	
				·		
If amending the registered agent and/or registere ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ed office ad :	dress on ou	r records, <u>ente</u>	r the name o	f the new regis	tered
		Enter F	Florida street addre	ess		_
			. F	Florida	e name of the new registered Zip Code er agree to comply with the l am familiar with and S. Or, if this document is	
		City			Zip Code	_
w Registered Agent's Signature, if changing Registere	ed Agent:					
ereby accept the appointment as registered agent ovisions of all statutes relative to the proper and o cept the obligations of my position as registered a ing filed to merely reflect a change in the register mpany has been notified in writing of this change.	complete pa agent as pro red office ac	erformance ovided for it	of my duties, c n Chapter 605.	and Lam fam . F.S. Or, if ti	iliar with and his document i	
	If Changi	ng Registered	Agent, Signature	of New Registe	ered Agent	

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR 	Richard Suarez	625 Biltmore Way	
		Suite 1407	□Remove
		Coral Gables, FL 33134	□Change
			□Remove
			□Change
			□Add
			□ Change
		<u> </u>	
			□Remove
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ive date, if other than the date ective date is listed, the date must be s	pecific and cannot be pr	rior to date of filing	g or more than 90 days	optional) after filing.) Pursuant to	605.0207
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Typed or printed name of signee

Filing Fee: \$25.00