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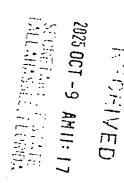
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CORPORATE ACCESS, _

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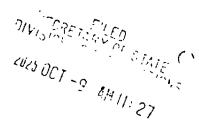
COVER LETTER

	Registration Sec Division of Corp			
		M BEACH LLC		
SUBJEC	T:	Name of Limit	led Liability Company	
		Amendment and fee(s) are subr		
Please re	eturn all correspon	idence concerning this matter t	o the following:	
		Adrian E. Irias, Esq.		
			Name of Person	
		Garcia-Menocal Irias & Pa	stori LLP	
			Firm/Company	
368 Minorca Avenue				
			Address	 _
		Coral Gables, Florida 3313	4	
			City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notification)
For furt	her information co	oncerning this matter, please co	all:	
Adrian	lrias		305 400-9652	
	Name o	f Person	at () Area Code Daytime Telep	hone Number
Enclose	ed is a check for th	ne following amount:		
■ \$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & [Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

MORE PALM BEACH LLC		
(Name of the Limited Liability Compas (A Florida Limited L.	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number <u>L19000271863</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	داء

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 heing 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER CERBINO BARRIRERO	2625 WESTON ROAD, SUITE 105	□Add
		WESTON, FL 33331	= Remove
			□Change
MGR	SANTIAGO SOSA SUAREZ	201 SW 17 Road , Unit 612	\equiv Add
		Miami, Florida 33129	□Remove
			DChange
			□Add
			□Remove
			Change
			🗆 Add
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applica	The Statutory titing redou	ements, this date will not be li	sted a
record specifies a delayed effective is filed.	date, but not an effective til	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day af	ter th
September 30	2025			
ated	1/M	<u> </u>		
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()	Signature of a member of author	orized representative or a me		
Adrian E. Irias				
Adnan E. Inas	Typed or print	ed name of signee		

Filing Fee: \$25.00