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| Division | ٥f | Corporations | |
|----------|----|--------------|--|

Fax Number : (850)617-6383

From:

To

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 : (305)442-4829 Fax Number

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

| Email | Address: | |
|-------|----------|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALVERDE 7 LLC

| Certificate of Status | 1 |
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H21000295559 3 .

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|---------------------------------|---|---|--------------------------|--|
| | RDE 7 LLC | | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | | | |
| Plcase return all correspo | ndence concerning this matter | to the following: | 101 | 1 2021 AUG 55 to 1 | |
| | LAURA KOHN | ·- <u>-</u> | S- 90 | | |
| | | Name of Person | | 5 PH 5: 03 | |
| | ARAZOZA & FERNANDEZ-FRAGA P.A. | | | | |
| | Firm/Company | | | | |
| | 2100 SALZEDO STREET, SUITE 300 | | | | |
| | Address | | | | |
| | CORAL GABLES, FL 33134 USA | | | | |
| | City/State and Zip Code | | | | |
| | LAURA@ARAZOZA.CO | | | | |
| | | to be used for future annual report notif | Canony | | |
| For further information of | oncerning this matter, please c | all: | | | |
| LAURA KOHN | | 305 444-6226 1 at () | | | |
| Name o | r Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ☐ \$25.00 Filing Fee | | ☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is or | itus & | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | etion | | |
| Division of | | Division of Com | porations | | |

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT H21000295559 3 TO ARTICLES OF ORGANIZATION **OF**

| | VALVERI | E 7 LLC | | |
|--|--|---|---|--------------------------|
| (Name of | the Limited Limbility Compa (A Florida Limited I | ny as it now appear, liability Company) | on our records.) | |
| The Articles of Organization for this Li Florida document numberL21000 | imited Liability Company | were filed on | 04/27/2021 | and assigned |
| This amendment is submitted to amend | the following: | | | |
| A. If amending name, enter the new | name of the limited liab | ility company he | re: | |
| The new name must be distinguishable and cor | ntain the words "Limited Liabi | ity Company," the de | esignation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, | if applicable: | | | |
| (Principal office address MUST BE A | | | | |
| | | | | |
| Enter new mailing address, if applica | able: | | | |
| (Mailing address MAY BE A POST O | PFFICE BOX) | | | |
| B. If amending the registered agent agent and/or the new registered office | and/or registered office ce address here: | address on our r | ecords, enter the na | me of the new registere |
| Name of New Registered Ag | ent: | | | |
| New Registered Office Addr | es <u>s</u> : | | | |
| | | Enter Flo | rida street address | |
| | | Cirv | Florida _ | Zip Code |
| New Registered Agent's Signature, if c | hanging Registered Agent | • | | <i>13.9</i> C 342 |
| I hereby accept the appointment as provisions of all statutes relative to accept the obligations of my positio being filed to merely reflect a chang company has been notified in writin | registered agent and age the proper and complete n as registered agent as ge in the registered office | ree to act in this performance of provided for in (| ' my duties, and 1 an Chapter 605, F.S. O. | r, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

H21000295559 3
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 | Name | Address | Type of Action |
|-------|------------------|-------------------------|----------------|
| MGR | DANA MARIA TOHME | 2100 SALZEDO ST STE 201 | = Add |
| | | CORAL GABLES, FL 33134 | □Remove |
| | | | |
| MGR | YASMINE TOHME | 2100 SALZEDO ST STE 201 | ≘ ∧dd |
| | | CORAL GABLES, FL 33134 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
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| | | | GChange |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

3054424829

ALAIN TOHME, MANAGER

Typed or printed name of signee