(Re	questor's Name)	<del></del>
(Adı	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORN	E
	OCT 27	2022





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RECEIVED

## Sunshine State Corporate Compliance Company.

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/26/2022	**WALK IN**
ENTITY NAME AVENT	JRA 3750 LLLC
DOCUMENT NUMBER_	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXXXX	Plain Copy Certified Copy Certificate of Status
**;	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  Certificate of Status
	Certificate of Status Reflecting:
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION	
TOTAL OWED \$25.00	ACCOUNT # 120160000072 4: 1
Please call Tina at the	above number for any issues or concerns. Thank you so much!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVENTURA 3750 LLC

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

The Articles of Organization for this Limited I Florida document number 1.22000443903	Liability Company w	ere filed on 10/14/202	and assigned
This amendment is submitted to amend the fol			
A. If amending name, <u>enter the new name o</u>	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFIÇE</u>	<u>- (BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office add ess here:	lress on our records	, enter the name of the new registered
Name of New Registered Agent:	PEREZ ABELLO	LAW PLLC	
New Registered Office Address:	1390 S DIXIE HIC	SHWAY, SUITE 1309	
		Enter Florida stree	t address
	CORAL GABLES		, Florida <u>33146</u>
Name Daniera and Amazila Chambara and Amazila		City	Zip Code
New Registered Agent's Signature, if changing	Negistered 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
		-	□Remove
			☐ Change
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Note:	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
d is til	
u is iii	October 25 . 2022
ru is ili	October 25 . 2022
ru 15 III	Signature of a member or authorized representative of a member

Filing Fee: \$25.00