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**TO: Registration Section
Division of Corporations**

3

SUBJECT: MIAMI 2023@400 SUNNY ISLES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRE PIQUET
Name of Person
PIQUET LAW FIRM, P.A.
Firm/Company
1000 BRICKELL AVENUE, SUITE 700
Address
MIAMI, FL., 33131
City/State and Zip Code
anamaria@piquetlawfirm.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA

For further information concerning this matter, please call:

ALEXANDRE PIQUET at (786) 558-8054
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

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>	<u>Address</u>	<u>Type of Action</u>
MBR	MARCO CHIQUITE	400 SUNNY ISLES BOULEVARD, UNIT 2004	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marco Antonio Fonseca Chiquie	1000 BRICKELL AVENUE, SUITE 700	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE INCLUDE:

FEIN NUMBER: 92-2070649

UPDATE PRINCIPAL ADDRESS TO: 1000 BRICKELL AVENUE, SUITE 700, MIAMI, FL 33131

UPDATE MAILING ADDRESS TO: 1000 BRICKELL AVENUE, SUITE 700, MIAMI, FL 33131

02/23/2023
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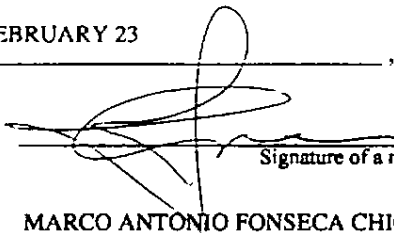
E. Effective date, if other than the date of filing: 02/23/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated FEBRUARY 23, 2023



Signature of a member or authorized representative of a member

MARCO ANTONIO FONSECA CHIQUIE

Typed or printed name of signee

Filing Fee: \$25.00