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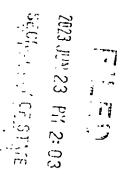
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Y. SCOTT AUG - 5 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MISSON 2503 LLC
Name of Limited Liability Company  (2) (2)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DIEGO GUILLEN
DGS Real Estate
Firm/Company
425 NE 22nd Street Suite 900
Address
Miami, FL 3313+
dgwlen a das real est ate. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Duck ( 11.0/ 11/ 10.000
Name of Person at 646 341 4080  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Solution Status Solution

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSONI 25	503 LLC
(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
(A FRIIda Dinnica	T 42 0 7 202
The Articles of Organization for this Limited Liability Company Florida document number <u>L23 000 27</u> .80	were filed on JUNU 8, 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi	03 44
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	UN 23 PH 2: 04
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
Turne of the transfer of the t	
New Registered Office Address:	Enter Florida street address
	. Florida
·	City Zip Code

### 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 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 **Type of Action** Address Title <u>Name</u>  $\square Add$ □Remove \_ □Change □Add □Remove \_ Change DAdd . ⋽ □Řemove □Change  $\Box$ Add \_\_ □Remove \_\_\_\_\_ Change \_\_ 🗆 Add □Remove □Change □Remove

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cord specifies a dela	ved effective date.	but not an effective	e time, at 12:01 a.i	n. on the earlier	of: (b) The	90th day afte	er th
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Filing Fee: \$25.00