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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EITU FLORIDA, LLC

Certificate of Status	1
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M. SOLONICA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida D	epartment of
State: EITU FLORIDA, LLC		
Enter new principal office 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)		: ?021
<u></u>		
2. The Florida document number of this limited lial	bility company is: M130000034	25
5-71 . W. 10-7		
3. Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: 05/30	0/2013	
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: MA	AGNOLIA PROPERTY INVEST	MENTS, LLC
(must	contain "Limited Liability Con	pany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alt	usiness in Florida and attach a emate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records dress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	Street Address
	-	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of this	it and agree to act in this capaci and complete performance of m ered agent as provided for in Ch in the registered office address,	duties, and I am familiar with apter 605. F.S. Or. if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address 1	Type of Action	
			□Add	
			□Rcmov	
			□Add	
			□Remov	
			□Add	
			□Remov	
			□Add	
aforementioned an	he law of which this entity is organ	the official having custody of records in the ized. he authorized representative	□Remov	

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF 'EITU FLORIDA, LLC',
CHANGING ITS NAME FROM "EITU FLORIDA, LLC" TO "MAGNOLIA
PROPERTY INVESTMENTS, LLC", FILED IN THIS OFFICE ON THE THIRTYFIRST DAY OF DECEMBER, A.D. 2020, AT 1:30 O'CLOCK P.M.



Authentication: 204459882 Date: 12-31-20

4772700 8100 SR# 20208809886

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Busincia, Secretary of Blate

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liabili	ity Company: EITO FLORID	A, LLC
The Certificate of Forma	ation of the limited liability com	pany is hereby amer
The name of the Property Investm	limited liability comments, LLC.	pany is Magnol
		10:0:0:5
	EOF, the undersigned have exected day of December	, A.D. <u>2020</u> .
	By: /a/Ricardo	Bajandas
	Auth	orized Person(s)
	Name: Ricardo E	Bajandas, Esq.
	P	rint or Type