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2021-06-24 19:05:38 UTC

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From: Yanet Avila

6/24/2021

Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARINI VIZCAYNE INVESTMENTS, LLC

| Certificate of Status | t)      |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARINI VIZCAYNE INVESTME   | VIS, LLC   |  |  |
|--|--|--|--|
| (Name of the Limite  | d Ljability Company as it<br>A Florida Limited Liability | now appears on our records.<br>Company)      | ۲.   |
| The Articles of Organization for this Limited Lie Florida document number L12000079162   | ability Company were                                     | iiled on <u>06/14/2012</u>                   | and assigned   |
| This amendment is submitted to amend the following   | wing:  |  |  |
| A. If amonding name, enter the new name of   |  |  |  |
| The new name must be distinguishable and contain the w   | ords "Limited Liability Co                               | mpany," the designation "LLC"                | or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applie   |  |  |  |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |  |  |
| Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered office address. | registered office addr                                   | ess on our records, <u>enter</u>             | SECRETIAN OF MEDIATE TALL AHASSEE, Friends ATE the name of the new of the new of the new of the new of the name of |
| Name of New Registered Agent:  | HERNANDEZ & T  | ACORONTE, P.A.                               |  |
| New Registered Office Address:   | \$500 W. FLAGLER   | ST SUITE B-208  Enter Florida street address | 55   |
|  | МАМ  | , FI   | oridu <sup>33144</sup> Zip Code  |
|  |  | 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 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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From: Yanet Avila

| ). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |                             |
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| Effective date, if other than the date of filing:  (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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. | 05.0207 (3)(<br>sted as the |
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