ARHMF, LLP

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000432792 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Amam. Sanz

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & GARRO LLP

Account Number : I20070000136 Phone

: (786)594-4102

Fax Number : (786)664-3375

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

Usanz@avilalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAESTRA DADELAND, LLC

Certificate of
Page Count
Estimated Ch

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC - 1 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

76383 Page: 3 of 5 Fax Andit No. H 210004327923

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAESTRA DADELAND, LLC

(A Florida Lin	oningny as it now annears on el	ti, t.čco.tq.)
The Articles of Organization for this Limited Liability Com Florida document number 1.21000143696	pany were filed on April 8, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	lon "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Hee address on our records	i, enter the name of the new regist
Name of New Registered Agent:		
	Enter Florida swa	si address
Name of New Registered Agent:	Esser Florida swa City	ai address , Florida Zip Code

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, Signpture 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
MGR	JUAN POLEO	2525 PONCE DE LEON BLVD	
		SUITE 1225	□Remove
		CORAL GABLES, FL 33134	
			CJA&J
			[]Remove
			Change
			□Add
			Пясточе
			Cl Change
	<u> </u>		CIAdd
			□Remove
			☐ Change
			Dvqq
			Remove
			Change
			□Add
			©Remove (
			Change /



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If on effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) 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: (b) The 90th day after the record is filed. November 24 2021 Signature of a member or authorized representative Typed or printed name of signee

Filing Fee: \$25.00