

Florida Department of State
 Division of Corporations
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L21000280116343

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : I2016000017
 Phone : (855)498-5500
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 DIVISION OF CORPORATIONS
 2022 AUG 18 AM 9:41

2022 AUG 18 11:57

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FANJUL CAPITAL OVN SPV, LLC

Certificate of Status	0
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J.E. ...
 2022 AUG 18 2022

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FANJUL CAPITAL OVN SPV, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/29/2021 and assigned
Florida document number L21000300343.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FFD FL SPV I, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

The Foreza Firm PLLC

New Registered Office Address:

1101 Brickell Ave, Suite S700

Enter Florida street address

Miami

Florida

33131

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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