5/8/23, 3:01 PM **Division of Corporations** 23 000 175403 Florida Department of State monic Filing O Flec 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. (((H230001715403))) H230001715403ABCX 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: Account Name : SERBER & ASSOCIATES, P.A. Account Number : I2000000083 Phone : (305)932-6262 Fax Number : (305)933-9393 TREnter the email address for this business entity to be used for future 1000 annual report mailings. Enter only one email address please.** ŝ 16 ö Info@ Sumabuficon. Email Address: 55-- d (d ਼ਤ œ ÷ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAWIL, LLC 2023 15:1 Certificate of Status 0 0 Certified Copy -CD Page Count 01 Estimated Charge \$25.00 1 <u>.</u> 20 -----Electronic Filing Menu Corporate Filing Menu Help 1 ... 0 9 2023

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ARTICLES OF AMENDMENT TO 2 B ARTICLES OF ORGANIZATION OF

TAWIL, LLC (Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now ap</u> Liability Compar	pcars on our records.) 19)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000058576</u>	were filed on	06/13/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>' here</u> :	
The new name must be distinguishable and end with the words "Limited Liab 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)		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>en</u>	ter the name of the

Name of New Registered Agent:		~
New Registered Office Address:		C2
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	<u>ç</u>
	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

Page 1 of 3

:

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Tawil, Tomas Ezequiel	1600 NE 1st Ave	🖬 Add
		Suite 3800	Remove
		MIAMI, FL 33132	
AMBR	Perelman, Patricia Mirtha	1600 NE 1st Ave	■ Add
		Suite 3800	🗆 Remove
		MIAMI, FL 33132	
	·		🗆 Add
			Remove
			🗖 Add
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			C Remove
			🗆 Add
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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 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) (optional) Dated May 2023 Signature of a member or authorized representative of a memoer ana Plessis oa Typed or printed name of signee

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