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Certified Copy (s) Articles of C	Organization
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NEW FILINGS	<u>AMMENDMENTS</u>
FOR Profit	X Amendment
Not for Profit	Resignation or Officer/I
Limited Liability	Change of Registered Age Revocation of Dissolution
Domestication	Merger
Other CORP	Conversion
CORF	Articles of Conversion
LLLP	Resignation
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	
	Reinstatement
ARTICLES OF CORRECTION	

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

JOCHE P. I					
Jobster.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	SANDRA Z. GREEN				
		Name of Person			
	JONATHAN H. GREEN &	& ASSOCIATES, P.A.			
		Firm/Company			
	901 PONCE DE LEON BO	DULEVARD, SUITE 601			
		Address			
	CORAL GABLES, FLORIDA 33134				
		City/State and Zip Code			
	k mail address (to be used for future annual report no	rification)		
For further information of	concerning this matter, please c		······································		
	, , , , , , , , , ,	305 372-5100			
SANDRA Z. GREEN		at () Area Code Daytii	72.1.1.2.1.		
Name o	of Person	Area Code - Daytu	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection		
Division of C		Division of Co	orporations		
P.O. Box 633		The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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JOCHE P. LLC

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

SECREPANY OF SMITH TALLAHASSEE, FI

Florida document number 1.10000011161					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here	:		
The new name must be distinguishable and contain the v	vords "Limited Liabi				
Enter new principal offices address, if applicable:		1100 BRICKELL BAY DRIVE, UNIT 310010			
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FLORIDA	\ 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1100 BRICKELL BAY DRIVE, UNIT 310010			
		MIAMI, FLORIDA 33131			
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>				
(Mailing address MAY BE A POST OFFICE	<u> 80.1)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office addressed office addresse	registered office				
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent: Name of New Registered Agent:	registered office ss here: LAGO.		ords, enter the name of the new registered		
B. If amending the registered agent and/or r agent and/or the new registered office addre	registered office ss here: LAGO.	S C(LL BAY DRIVE, UN	ords, enter the name of the new registered		
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent: Name of New Registered Agent:	registered office ss here: LAGO.	SE LL BAY DRIVE, UN Enter Florida	ords, enter the name of the new registered IT 310010 street address		
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent: Name of New Registered Agent:	registered office ss here: LAGO	SE LL BAY DRIVE, UN Enter Florida	ords, enter the name of the new registered		
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent:	registered office ss here: LAGO 1100 BRICKE MIAMI	SE(LL BAY DRIVE, UN Enter Florida City	ords, enter the name of the new registered IT 310010 street address		

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>	Address	Type of Action
MGR	JOCHE HOLDINGS, LLC	1722 SHERIDAN STREET, #364	□Add
		HOLLYWOOD, FLORIDA 33020	■Remove
			□Change
MGR	LAGO 2022, LLC	1100 BRICKELL BAY DRIVE, UNIT 310010	= Add
		MIAMI, FLORIDA 33131	□Remove
			□Change
.			□Add
			□Remove
			□Change
			□Add
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		<u>.</u>	□Remove
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			Петюче
			□Change

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Note: If the	te, if other than the d late is listed, the date must b date inserted in this bloc ffective date on the Dep	k does not m	ect the applica	o date of filing o	(0 r more than 90 days a ling requirements.	ptional) after filing.) Purso this date will n	ant to 605,0207 of be listed as t
he record speci ord is filed.	fies a delayed effective o	late, but not a	an effective tin	ne, at 12:01 a .:	n. on the earlier of	: (b) The 90th	i day after the
Dated OCTO	DBER 12		2022	_ ·		/	
_	S	gnature of a n	nember or author	rized representat	ive of a member	, /-	
		-		,	\ \ \\\	\mathcal{V}	
	DEL LAGO, TRUSTEE,						

Filing Fee: \$25.00