8/16/2021

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000225 Phone : (305)416-6800 Fax Number : (305)416-6811

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PTH 900 BISCAYNE UNIT 4404, LLC

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(((H21000308184 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PTH 900 Biscayne Unit 4404, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on January 29, 2013 and assigned lorida document number L13000015005
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he 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:
New Registered Office Address: Enter Florida street address
City 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 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:

	Manager	
AMBR =	Authorized	Member

(((H21000308184 3)))

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Yepes, Diego Ignacio	1800 SW 1st Avenue	■Add
		Suite 601	Remove
		Miami, FL 33129	Change
			□Add
			□Remove
			C Change
			□Add
			□Remove
			Change
			UbA□
			□Remove
			□Change
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			□Change

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