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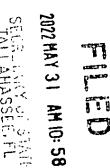
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendmer	at and fee(s) are submitted for filing. It is the following:
	ALAN FISHMAN ESQ Name of Person
<u>.</u>	4045 Sheriday Avenue #398
	MIAM B. C. State and Zip Code City/State and Zip Code AGES COR ALL COM
For further information concerning (E-mail address: (to be used for future annual report notification) his matter, please call:
Name of Person	at (305) 552-2510 Area Code Daytime Telephone Number
Enclosed is a check for the followin	g amount:
	00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee. tificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 AM 10: 58

	HI IU: 58		
GDD <u>2011</u>	CC SELMENTS V DE COLO		
(Name of the Limited Liability Company as it (A Florida Limited Liability)	Company) TALLAHASSEE EL		
,	0/2/2011		
The Articles of Organization for this Limited Liability Company were fill Florida document number	led on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2001 Broken Sound Kluy		
·	Suite 424		
(Principal office address MUST BE A STREET ADDRESS)	DOCA RATON FL 33487		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 Broken Sound Parkung Now Suite 424 CA RATON FL 33487		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
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 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>	Type of Action
MaR	Bruno de Devaro	6001 Broken Sound Play	— X ∨qq
		Suite 424	
		BUCA LAton, FC 334	PZ⊡Change
MER	RICCARDO MONDO	2500 N. H. Hary TRAI	□Add
1-1-		Suite 206	
		BOCA RATION FT 3343	S
			□Add
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