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SECRETARY OF STATE

COVER LETTER

| TO: Registration S Division of Co | | |
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| DOWNTO | OWN DORAL OFFICE LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are submitted for filing. | |
| Please return all corresp | condence concerning this matter to the following: | |
| | OSCAR GASTAUDO | |
| | Name of Person | |
| | DOWNTOWN DORAL OFFICE LLC | |
| | Firm/Company | |
| | 7950 NW 53RD STREET, SUITE 118 | |
| | Address | |
| | DORAL FL 33166 | |
| | City/State and Zip Code | |
| | oscar@gastaudo.com | |
| - | E-mail address: (to be used for future annual report notification) | |
| For further information of | concerning this matter, please call: | |
| OSCAR GASTAUDO | 786 515-8229 | |
| Name o | of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the | he following amount: | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Computable (additional copy is enclosed) | of Status & |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassas El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2021 SEP 20 PM 3: 21

DOWNTOWN DORAL OFFICE LLC

SECRETARY OF STATE (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 $\underline{^{03/18/2014}}$ ____ and assigned Florida document number L14000045117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

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.

City

_, Florida __

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 |
|--------------|-------------------------------|--|----------------|
| AMBR | OSCAR GASTAUDO, as trustee o: | 7950 NW 53RD ST., STE 118 DORAL FL 33166 | ■Add |
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