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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

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

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## LLC AMND/RESTATE/CORRECT OR M/MG|RESIGN RLCONCORDE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	01		
RL CONCORDE LLC	ı		,
_	shills Course	- <del></del>	.! <u> </u>
(A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)	
he Articles of Organization for this Limited Liabilit	l (V Company were filed on 10/24/201)	<b>;</b>	 
orida document number £14000166423		<del>-</del> -	into assigned
his amendment is submitted to amend the following	2:		1
If amending name, enter the new name of the b	limited liability company here:		1
e new name must be distinguishable and contain the words "!	Limited Liability Company," the designation	"LLC" or the abb	eviation "L.1, C."
ater new principal offices address, if applicable:			1
Principal office address MUST BE A STREET AD	DRESS)		<u></u>
nter new mailing address, if applicable:	I		0.5
Aailing address MAY BE A POST OFFICE BOX)			1 2 =
MINING MANAGEST SHAT BE A POST OFFICE BOX)	<del></del>		
			<u> </u>
. If amending the registered agent and/or registe tent and/or the new registered office address here	red office address on our records, c	nter the name	of the new registe
Name of New Registered Agent:			1
New Registered Office Address:			
	Enter Florida street i	uddress	<del>;</del>
		Florida	1
B / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cuy	- <u>-</u>	Zip Code
w Registered Agent's Signature, if changing Registe			,
ercby accept the appointment as registered agenousions of all statutes relative to the proper and rept the obligations of my position as registereding filed to merely reflect a change in the registen many has been notified in writing of this change.	complete performance of my dutie agent as provided for in Chapter 6 red office address. I hereby confir	s. and Lam fan ins 1818 om ic	ùiliar with and
			i
	If Changing Registered Agent, Signat	ure of New Regist	ered 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 = AMBR =	Manager Authorized Member		I
<u>Title</u>	Name	Address	Type of Action
MGR	LILIANA REINES MEKLER	2980 NE 207 Street, Suite 706	
		Aventura, FL 33180	€Remove
			! □ □ Change
MGR	ESTER YAEL REINES MEKLER	2980 NE 207 Street, Suite 706	
		Aventura, FL 33180	! ⊟Remove
			UChange
MGR EDUARDO MILHEM REINES	EDUARDO MILHEM REINES	2980 NE 207 Street, Suite 706	■Aċd
		Aventura, FI, 33180	□Remove
			T Change
			□ Remove
			UChange
	;	□ □ Remove	
			□Change
			   □Remove

3052850015

Dec 27 2024 3:58pm Richards Associates