Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (766)899-2235 Fax Number : (305)935-9042

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIG BELMONT PORTEN PROPERTIES LLC

Certificate of Status	0
Certified Copy	O O
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization for this Organization for this Organization for the Organization	vere filed on <u>02/20/2015</u>	and a	issigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation '	"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 acagent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the r	new <u>regis</u>
Name of New Registered Agent:	\(\frac{1}{2}\)		> ₹
New Registered Office Address:			Z#
	Enter Florida street address		7) 7)
	, Florida	Zin Cor	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	sur,r		<u>≅</u> €

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.

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Leopold Fax

19-Nov-2021 17:00

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							
Title	Name	Address	Type of Action				
MGR	Vicki Pagotto	6538 Collins Avenue, #458	■Add				
		Miami Beach, FL33141	□Remove				
			□ Change				
			□Add				
		<u> </u>	Remove				
			□Change				
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	be specific and cannot be prior to date of filing ok does not meet the applicable statutory :				
cument's effective date on the Dep		£ 1		,	
	date, but not an effective time, at 12:01 a	m. on the earlier of: (b)	The 90th	h day a	ifter the
is filed.		₹.			
November 19	2021	•		2	
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			<u>-</u>	2	\overline{C}
Eric Zamora				<u> </u>	4