

L15000201845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000327928 3)))



H230003279283ABC3

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

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

Email Address: afinley@bilzin.com

SEP 18 2023 12:30:09 PM

RECEIVED

SEP 18 2023 12:30:09 PM

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

3

DocuSign Envelope ID: DEC9EE86-B7E9-4C53-A958-6F051BDCFC67

ARTICLES OF AMENDMENT (((H23000327928 3)))
TO
ARTICLES OF ORGANIZATION
OF

FAME, LLC

(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 December 2, 2015 and assigned
 Florida document number LI5000201845.

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:

1450 Brickell Avenue, 23rd Floor

Enter Florida street address

Miami

City

Florida 33131

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.

Mildred Gomez

If Changing Registered Agent, Signature of New Registered Agent

(((H23000327928 3)))

DocuSign Envelope ID: DEC9EEB6-B7E6-4C53-A956-6F081B3CFC67

If amending (authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000327928 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frank C. Quesada	850 Northwest 42 Avenue	☐ Add
		Suite 205	☐ Remove
		Miami, Florida 33126	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H23000327928 3)))

((H23000327928 3))

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/18/2023 | 7:48:56 AM PDT

Signature of a member or authorized representative of a member

Typed or printed name of signer

(((H23000327928 3)))