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TO:

Registration Section Division of Corporations

| | Name of Lim | ited Liability Company | | | |
|----------------------------|---|---|--|--|--|
| I Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| all correspo | ondence concerning this matter | to the following: | | | |
| | RICHARD S. WEINSTEI | N, ESQ. | | | |
| | | Name of Person | | | |
| | RICHARD S. WEINSTEI | N, P.A. | | | |
| | | Firm/Company | | | |
| | 250 S. CENTRAL BLVD. | , SUITE 101 | | | |
| | | Address | | | |
| | JUPITER, FL 33458 | | | | |
| | | City/State and Zip Code | | | |
| | mexico-rf@hotmail.com | | | | |
| | E-mail address: (| to be used for future annual report not | ification) | | |
| nformation c | oncerning this matter, please ca | all: | | | |
| Richard S. Weinstein, Esq. | | 561 745-3040 | | | |
| Name of Person | | Area Code Daytin | ne Telephone Number | | |
| check for th | ne following amount: | | | | |
| iling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | <u>Street Address:</u> Registration Se | ection | | |
| | - | Division of Co | rporations | | |
| | | | Fallahassee oe Street, Suite 810 | | |
| | Articles of all corresponding all corresponding to the control of | AArticles of Amendment and fee(s) are subtailed all correspondence concerning this matter. RICHARD S. WEINSTEI RICHARD S. WEINSTEI 250 S. CENTRAL BLVD. JUPITER, FL 33458 mexico-rf@hotmail.com E-mail address: (and the following amount: filing Fee Section Section vision of Corporations 2). Box 6327 | Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: RICHARD S. WEINSTEIN, ESQ. Name of Person RICHARD S. WEINSTEIN, P.A. Firm/Company 250 S. CENTRAL BLVD., SUITE 101 Address JUPITER, FL 33458 City/Ntate and Zip Code mexico-rf@hotmail.com E-mail address: to be used for future annual report not afformation concerning this matter, please call: Veinstein, Esq. Name of Person Area Code Daytin I check for the following amount: Filing Fee Se Certified Copy (additional copy is enclosed) Street Address: gistration Section Cision of Corporations Division of Co The Centre of The Centr | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZERDENGO PROPERTY LLC | | |
|--|--|----------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our recor Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Compan | y were filed on 5/10/2016 | and assigned |
| Florida document number L16000091179 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | _ |
| Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, ente | r the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street addre | PXS |
| | F | FloridaZip Code |
| | 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 Changing Registered Agent, Signature of New Registered 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--|--------------------|
| MGR | MUSTAPHA BOUZIO | 1657 N. MIAMI AVE., APT, 812, MIAMI, FL 3312 | 36 ≘ Add |
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| effective da e: If the d | ite is listed, the late inserted in | dan the date on date must be speci to this block does in the Departme | eitic and cannors not meet th | t be prior to date e applicable s | of filing or more tatutory filing re | (optio than 90 days after quirements, this | nal) filing.) Pursuant to 6 date will not be li | 05.020 isted a |
| cord specif s tiled. | iies a delayed | effective date, l | but not an eff | ective time, a | 12:01 a.m. on t | he earlier of: (b) | The 90th day at | fter the |
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| _ | | Signatu | re of a membe | r or authorized | representative of | member | | |

Filing Fee: \$25.00