Land Little 1 has the

| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration : Division of Co | | | | |
|---|---|--|---|--|
| | LLA AVENTURA LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sul | bmitted for tiling. | | |
| Please return all corresp | oondence concerning this matter | r to the following: | | |
| | ANGELA PEREZ | | | |
| | | Name of Person | | |
| | A CAMI BUSINESS AN | D CORPORATE SOLUTIONS LLC | C. | |
| | | Firm/Company | , | |
| | 8500 SUNRISE LAKES I | 3LVD., STE. 109 | | |
| | | Address | | |
| | SUNRISE, FLORIDA 333 | 322 | | |
| | ACAMI@CAMIBCS.CON | City/State and Zip Code | L. C. | |
| | | (to be used for future annual report noti- | fication) | |
| For further information | concerning this matter, please of | call: | | |
| ANGELA PEREZ | | 305 489-1414 at () | | |
| Name | of Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is enclo | |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL | porations allahassee 2 Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FIGURELLA AVENTURA LLC. | | |
|--|--|----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our recor Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Company Florida document number L16000179799 | were filed on 09/26/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity 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> | <u>;</u> |
| | | |
| | | |
| inter new mailing address, if applicable: | 9717 SW 74TH AVENUE | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | OCALA, FLORIDA 34476 | 면 |
| - | | 0 0 |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | ANN |
| | , F | |
| | 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 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> | <u>Address</u> | Type of Action |
|--------------|----------------|----------------------|---------------------------|
| MGR | CRISTINA LELLI | 9717 SW 74TH AVENUE | ■Add -Changes |
| | | OCALA, FLORIDA 34476 | □Remove |
| | | | □Change |
| | | | □Add |
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| effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | DI BASE CHANCE ADDRESS FOR MANAGED CRISTINA LELL | LAS MENTIONED ADOVE |
|---|---|--|
| ctive date, if other than the date of filing: | TELASI CHANGLADIRESS FOR MANAGER CRISTINA EBEL | CLAS MENTIONED ABOVE. |
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| | rument's effective date on the Department of State's records. | ry ming requirements, this take will hot be his |
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| ord specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b). The 90th day after | filed. | · Limit on the current on (o) The your day and |
| | | |
| | cd AUGUST 1 , 2024 | |
| afiled. | | |
| afiled. | | |

Typed or printed name of signee