# Florida Department of State

**L17000014968**

Division of Corporations
Electronic Filing Cover Sheet

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### (((H22000363857 3)))

H2200036385873ABC3

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

From:
Account Name : US CONTADOR INC
Account Number : I20200000121
Phone : (770)928-2700
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**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 RESIGN
### ADIRA2 LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $25.00 |

APPROVED AND FILED
2022 OCT 24 PM 4:31

Electronic Filing Menu     Corporate Filing Menu     Help

OCT 25 2022

K. Brumbley

# H22000363857 3

## ARTICLES OF AMENDMENT
## TO
## ARTICLES OF ORGANIZATION
## OF

## ADIRA2 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  01/19/2017  and assigned

Florida document number  L17000014968  .

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:    _____

Enter Florida street address

_____ . Florida _____

City                  Zip Code

*(stamp: 2022 OCT 24 PM 4:31 APPROVED AND FILED)*

**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

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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 | FALLAS, ARIEL | 20200 W Dixie Hwy Suite 1203<br>Aventura, FL 33180 | ☐ Add<br>☑ Remove<br>☐ Change |
| AMBR | FALLAS, ALBERTO L | 20200 W DIXIE HWY SUITE 1203<br>AVENTURA, FL 33180 | ☑ Add<br>☐ Remove<br>☐ Change |
| AMBR | ARIEL DE FALLAS, MARIA GRACIELA | 20200 W DIXIE HWY SUITE 1203<br>AVENTURA, FL 33180 | ☑ Add<br>☐ Remove<br>☐ Change |
| AMBR | FALLAS, VANINA A | 20200 W DIXIE HWY SUITE 1203<br>AVENTURA, FL 33180 | ☑ Add<br>☐ Remove<br>☐ Change |
|  |  |  | ☐ Add<br>☐ Remove<br>☐ Change |
|  |  |  | ☐ Add<br>☐ Remove<br>☐ Change |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FEI/EIN Number: 81-5083011

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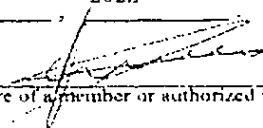**E. Effective date, if other than the date of filing:** _____ (optional)

(If an 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 605.0207 (3)(b)
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)  The 90th day after the record is filed.

Dated _____October 21st_____ , _____2022_____

_____
Signature of a member or authorized representative of a member

ALBERTO L FALLAS
_____
Typed or printed name of signee