

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.

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| Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442  er the email address for this business entity to be used for further annual report mailings. Enter only one email address please.**  Email Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  O  Certificate Copy  O   | Division of Corporations Fax Number : (850)617-6383  From:  Account Name : CORPORATE CREATIONS INTERNATIONAL INC Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442  the email address for this business entity to be used for futurual report mailings. Enter only one email address please.**  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  0                                   |         | T hit the REFRESF<br>Doing so wil                                   | ll generate anoth   |                               |                         |
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| r the email address for this business entity to be used for funnual report mailings. Enter only one email address please.**  Chairman Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  0  Certificate Copy  0   | the email address for this business entity to be used for futural report mailings. Enter only one email address please.**  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  Certificate Copy  Page Count  04  |         | Account Number  | r : 1104320030  | 53                            | CHILDHIE INC            |
| The email address for this business entity to be used for funnual report mailings. Enter only one email address please.**  Email Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  O  Certificate Copy  O  | the email address for this business entity to be used for futural report mailings. Enter only one email address please.**  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LA FERNANDINA HOMES, LLC  Certificate of Status  Certificate Copy  Page Count  04  |         |   |   |                               |                         |
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Corporate Filing Menu

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Electronic Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LA FERNANDINA HOMES, LLC  |   |  |                         |                     |
|---|---|--|-------------------------|---------------------|
| (Name of the Limited Linbilly (A Florida L  | Company as it now appears on one<br>imited Liability Company) | Lecotar                                      |                         |                     |
| The Articles of Organization for this Limited Liability Co<br>Florida document number L17000042671  | mpany were filed on <u>02/24/2</u> 01                         | 7  | and assign              | ed                  |
| This amendment is submitted to amend the following:   |   |  |                         |                     |
| A. If amending name, enter the new name of the limit  | ed liability company bere:                                    |  |                         |                     |
| The new name must be distinguishable and contain the words "Limit   | ed Liability Company," the designation                        | on "LLC" or the abbrevia                     | tion L.L.C              |                     |
| Enter new principal offices address, if applicable:   | _   |  |                         |                     |
|   |   |  | 02                      |                     |
| (Principal office address MUST BE A STREET ADDRE  | 957   |  | JA                      |                     |
|   |   | : .  | ===                     | E.E., 279           |
|   |   | : ·  | 9                       | jj<br>11. – 12. – 1 |
| Enter new mailing address, if applicable:   | <del></del>   | 1.   | Ē                       | . : [               |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   |  |                         | F H                 |
|   |   | <b></b> 1                                    | <u>့</u><br>ယ           |                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:   | office address on our records                                 | , <u>enter the name of</u>                   | the new r               | egistered           |
| New Registered Office Address:  |   |  |                         |                     |
| <del></del>   | Enter Florida stree   | u address                                    |                         |                     |
|   |   | , Florida                                    | p Code                  |                     |
|   | City  | 24   | p Cour                  |                     |
| New Registered Agent's Signature, if changing Registered  |   |  |                         |                     |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of my au<br>ent as provided for in Chapte  | nes, and s am juma<br>r 605, F.S. Or, if thi | iur wiin d<br>is docume | 17264               |
|   | If Changing Registered Agent, Sig                             | nature of New Register                       | ed Agent                | <u>-</u> -          |

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   | GUILLERMO SZABO | 18305 BISCAYBE BLVD STE 402    | □ Add          |
|       |                 | AVENTURA, FL 33160             | ≅Remove        |
|       |                 |                                | Change         |
| MGR   | JORDAN KAVANA   | 1170 Kane Concourse, Suite 400 | □Add           |
|       |                 | Bay Harbor Islands, FL 33154   | Remove         |
|       |                 |                                | SChange        |
|       |                 |                                | □Add           |
|       |                 |                                | Remove         |
|       |                 |                                | Change         |
|       |                 |                                | □Add           |
|       |                 |                                | Remove         |
|       |                 |                                | Change         |
|       |                 |                                |                |
|       |                 |                                | □Remove        |
|       |                 |                                | Change         |
|       |                 |                                | DAdd           |
|       |                 |                                | Remove         |
|       |                 |                                | Change         |

| If amendir                    | g any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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|                               | date, if other than the date of filing:  e 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to s effective date on the Department of State's records. |
| te record sp<br>ord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| Dated                         | 2021  |
|                               | Signature of a member or authorized representative of a member  |
|                               | Carlos M Alvarez, Attorney-in-Fact  |
|                               | Typed or printed name of signee   |