

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





08/12/25--01004--010 ★★SS.00





	Registration Section Division of Corporation		31	FILED
SUBJEC	748 De	velopments, LLC		707K AUG 12 PM 2: 08
	-	Name of Lir	nited Liability Company	SECTION OF THE SECTIO
The encl	osed Articles of Arr	nendment and fee(s) are sul	bmitted for filing.	
Please re	turn all corresponde	ence concerning this matter	r to the following:	
			George H. Formento	
			Name of Person	
			Seven Four Eight	
		•	Firm/Company	
			999 SW 1st Ave. Apt 2309	
			Address	
			Miami, Fl 33130	
			City/State and Zip Code	
	-	E-mail address:	ghformento@gmail.com (to be used for future annual report notific	cation)
or furth	er information conc	erning this matter, please o	call:	
(George Formento		at (<u>305</u>) <u>962 - 5668</u>	
	Name of Pe	rson		Telephone Number
Enclosed	is a check for the fe	ollowing amount:	,	
∑ J \$ 25.0	00 Filing Fee (□ \$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec	tion	<u>Street Address:</u> Registration Sect	ion
	Division of Corp		Division of Corpo	
	P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta	
	rananassee, f L	J ZJ14	2415 N. Monroe	Succe, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 2991D867-9FAC-40A9-A0A7-6D6A2C81F7F9 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

liability company her ight, LLC iability Company," the des	TALL AHASSES, FL 3/28/2017 and assigne	
liability company her ight, LLC iability Company," the des	3/28/2017 and assignere: signation "LLC" or the abbreviation "L.L.C."	
ight, LLC liability Company," the des	signation "LLC" or the abbreviation "L.L.C.	
ight, LLC liability Company," the des	signation "LLC" or the abbreviation "L.L.C.	
ight, LLC liability Company," the des	signation "LLC" or the abbreviation "L.L.C.	
iability Company," the des		
		
	·	
ce address on our rec	cords, <u>enter the name of the new re</u>	
Enter Florida street address		
	, Florida	
City	Zıp Code	
ent:		
ete performance of n as provided for in Ch	apacity. I further agree to comply way duties, and I am familiar with an apter 605, F.S. Or, if this document confirm that the limited liability	
e	Enter Florid City ent: agree to act in this collete performance of n as provided for in Ch	

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 2991D867-9FAC-40A9-A0A7-6D6A2C81F7F9
II amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

 -		· long og			
MGR = Manager AMBR = Authorized Member		FILED			
<u>Title</u>	<u>Name</u>	Address	200 AUG 12 PM 2: 08	Type of Action	
			SECRETARY OF STATE	_ 🗆 Add	
		_		_ 🗆 Change	
				_ 🗆 Add	
				_ □Remove	
				_ □Change	
				_ □Ađd	
				_ □Remove	
				_ □Change	
				_ 🗆 Add	
				_ □Remove	
				_ Change	
				_ 🗆 Add	
			· · · · · · · · · · · · · · · · · · ·	_ 🗆 Remove	
				_ □Change	
				_ 🗆 Add	
				_ 🗆 Remove	

□ Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
*	
**	
-	
Note: If the	late, if other than the date of filing:
the record sp cord 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	8/4/25
	Signature of amember or authorized representative of a member
	George H. Formento
•	Typed or printed name of signee

Filing Fee: \$25.00