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2022 OCT 18 AM 9: 01 SEUNETARY OF SINI TALLAHASSEC, FL

2022 OCT 18 AM II: 46



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 . F: 86\$625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/18/2022	
Name:		
	e #: 1810344	_
Entity Na	me: VITA FORTE REAL PI	ROPERTY HOLDINGS, LLC
☐ Ar	ticles of Incorporation/Authorization	to Transact Business
✓ An	nendment	
Ch	nange of Agent	
☐ Re	einstatement	
□ Co	onversion	
	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	her	
Authorize	ed Amount / \$25.00	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 18 AH 9: 02

	VITA FORTE REAL PROPERTY HO	OLDING LLC	SETHETER.
(Name of the Li	mited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	SECUL LART OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited		04/03/2017	and assigned
Florida document numberL1700007523	 .		
This amendment is submitted to amend the f	following:		
A. If amending name, enter the new name	e of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the	ne words "Limited Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:		
(Principal office address MUST BE A STR.	EET ADDRESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u></u>		
B. If amending the registered agent and/o agent and/or the new registered office add	0	records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	Zip Code
	Cap.		my come

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>	Address	Type of Action
MGR	YGO BORGMAN	1 Alhambra Plaza	
		Suite 1410	■Remove
		Coral Gables, FL 33134	□Change
MGR	WILLIAM GUEVARA	1 Alhambra Plaza	■Add
		Suite 1410	□Remove
		Coral Gables, FL 33134	□Change
		_	□Add
			□Remove
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fective date, if other than the in effective date is listed, the date mu- ote: If the date inserted in this b becument's effective date on the E	st be specific and ca lock does not mee	annot be prior t et the applica				g.) Pursuant t	
ecord specifies a delayed effectivis filed.	re date, but not ar	a effective tir	ne, at 12:01 a	i,m, on the earl	ier of: (b) 1	The 90th day	after the
October 17	· .	2022	_ ·				
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	Signature of a me	antipararian ho	rized represent	auve of a memb	er		

Filing Fee: \$25.00