L17000236755

(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERROMS DEVELOPMENT LLC				
(Name of the Limite	A Florida Limited	iny as it new appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lie Florida document number Li 17000236755	ability Company	were filed on 11/16/2	017	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lish	illty company here:		
The new mane must be distinguishable and contain the we Enter new principal offices address, if applies		lity Company," the design	ation "LLC" or the abbrev	lation "L.L.C."
		2100 Ponce de Leon	Boulvevard. PH 2	
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134		
Enter new mailing address, if applicable:		2100 Ponce de Leon	Boulvevard, PH 2	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 33	134	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our recor	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:				, ప
New Registered Office Address:	2100 Ponos de	Leon Boulvevard, PH	2	
12 H. Dalbestra A. Assist a stellings.		Enter Florida st	reet address	
	Coral Gables		, Florida <u>33134</u>	· ·
		City		Sp 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>	Name	Address	Type of Action
MGR	EDUARDO ROJAS	2100 PONCE DE LEON	
		PH 2	□Remove
		CORAL GABLES, FL 33134	BChange
MGR	LEOPOLDO COTTIN	2100 PONCE DE LEON	(DAdd
		PH 2	□Remove
		CORAL GABLES, FL 33134	EChange
			□Remove
			Change
			DAdd
	•		
			Change
			□ Remove
			Change
			DAdd
			CRemove
			□ Change

Effective date, if other than the date of filing: (Optional) (If an effective date is inseed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. Notes: If the date inserted in this block does not most the applicable statutory filing requirements, this date will not be its document's effective date on the Department of State's records. The record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after of its filed. Dated DECEMBER 18 2020 UNLEAST	. If amending any other information, enter cha	ge(s) here: (Attach additiona	l sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be list document's effective date on the Department of State's records. 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 reliable. December 18 December 18 2020			
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Signature of a member or authorized representative of a member	Clever Feet		
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Typed or printed name of signee