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| Certified Copies Certificates of Status |
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| CUDIC | | DERMERE LLC | | |
| SUBJEC | ~I; <u></u> | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | FELIPE MARDAKIS | | |
| | | • | Name of Person | |
| | | PRIME ACCOUNTING & | CONSULTANCY LLC | |
| | | | Firm/Company | |
| | | 7345 W. SAND LAKE RI | D., STE 226 | |
| | | | Address | |
| | | ORLANDO, FL 32819 | | |
| | | | City/State and Zip Code | |
| | | INFO@PRIMEACCOUNT | | , |
| | | E-mail address: (| to be used for future annual report notifi | cation) - |
| For furth | er information c | oncerning this matter, please ca | all: | |
| FELIPE | MARDAKIS | | 407 232-6777 at () Area Code Davtime | · |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| | | | | . 1 |
| Enclosed | l is a check for th | ne following amount: | | • |
| ■ \$ 25.6 | 00 Filing Fee | □ \$30.00 Filing Fee & 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:

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TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 4902 WINDERMERE LLC | | | |
|---|---|-------------------------|----------------|
| (Name of the Lim | ited Liability Company as it now appears on ou (A Florida Limited Liability Company) | r records.) | |
| The Articles of Organization for this Limited I lorida document number | | 18 | and assigned |
| his amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name | of the limited liability company here: | | |
| nter new principal offices address, if appli Principal office address MUST BE A STRE | ETE A DAD DECCO | | |
| nter new mailing address, if applicable: | | | |
| Aailing address MAY BE A POST OFFICE | (BOX) | | |
| . If amending the registered agent and | | records, <u>enter t</u> | he name of the |
| gistered agent and/or the new registered of | office address here: | | - |
| Name of New Registered Agent: | PRIME ACCOUNTING & CONSULTA | NCY LLC | |
| New Registered Office Address: | 7345 W. SAND LAKE RD., STE 226 | | - 3 |
| - | Enter Florida stre | et address | |
| | ORLANDO | , Florida <u>328</u> | 19 |
| | City | | Zip 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------------------------|----------------|
| AMBR | GABRIEL NEVACCHI | 421 SW 24 ROAD MIAMI, FL 33129 | ■ Add |
| | | | ☐ Remove |
| | | | |
| AMBR | THEO CASTIGLIONE | 421 SW 24 ROAD MIAMI, FL 33129 | Change |
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| If an effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | date of filing: st be specific and cannot be prior to date of filing cock does not meet the applicable statutory f epartment of State's records. | (optional) or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be liste | 5.0207 ed as |
| ne record specifies a delayed The 90th day after the rec | d effective date, but not an effectiv ord is filed. | re time, at 12:01 a.m. on the earlie | er o |
| October 9th | 2018 | | |
| | Signature of a member or authorized representa | | |
| <u> </u> | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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TITLE 4902 Windermere LLC - Amendment to Articles of Organization

FILE NAME FL Amendment - For Signature.pdf

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