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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| TO: | Registration Se Division of Cor | | | | | | | |
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| eun ir | | ONIMO ASSETS LLC. | | | | | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | | | | | |
| | | LOURDES SOTO, ESQU | IRE | | | | | |
| | | | Name of Person | | | - | | |
| | | LAW OFFICE OF LOUR | DES SOTO | | | | | |
| Firm/Company | | | | | - | | | |
| | 1688 Meridian Avenue, Seventh Floor Address | | | | | | | |
| | | | | | | P S: : | 중 | |
| | | Miami Beach, Florida 331 | 39 | | | LANGE TO SERVICE TO SE | 000 | T |
| | | lourdessoto@att.net | City/State and Zip Code | | | NATE OF | 16 P | LEC |
| | | E-mail address: (| to be used for future annual r | report notification | on) | FLO SI | PH 3: 1 | <u> </u> |
| For furtl | her information c | oncerning this matter, please ea | all: | | | RIDA | : 19 | |
| Lourde | s Soto, Esquire | | 305 751 | 1-2424 | | | | |
| | Name o | f Person | Area Code | Daytime Tele | phone Number | <u> </u> | | |
| Enclose | d is a check for th | ne following amount: | | | | | | |
| | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | Certified | ite of Stati | | |
| 4 | Registr | ING ADDRESS: ation Section on of Corporations | Registrati | COURIER A ion Section of Corporation | | | | |
| 7 | Р.О. Во | ox 6327 issee, FL 32314 | Clifton Bu | | | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN GERONIMO ASSETS LLC.

| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our record d Liability Company) | <u>ts.</u>) |
|---|---|---|
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000124812</u> | ny were filed on May 17, 2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lin | ability company bere: | |
| The new name must be distinguishable and contain the words "Limited Liz | bility Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Fatou new malling address if annies blat | 814 Park Avenue | 18 SEC |
| Enter new mailing address, if applicable: | Riverfore, II. 60305 | AT CI TI |
| (Mailing address MAY BE A POST OFFICE BOX) | | SSS 1-6 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | ds, enter The name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street oddr | ess |
| | lorida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change. | ete performance of my duties, c as provided for in Chapter 605 | and I am familiar with and i, F.S. Or, if this document is |

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 = A | uthorized Member | | |
|--------------|------------------|----------------|----------------|
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
| | | | Add |
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| Effective date, if otl | her than the date o | f filing: | | (ontio | nal) | |
| If an effective date is liste | ed, the date must be spec | ific and cannot be prio | r to date of filing or r | nore than 90 days after | tiling.) 🗗 🖼 🗀 05.0 |)207 |
| Note: If the date inse | rrted in this block doe | s not meet the applic | cable statutory filir | ig requirements, this | date will not be listed | l as |
| document's effective | date on the Departition | ant of state \$ records | ·- | | | |
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| ne record specifie The 90th day af | | | ot an effective | time, at 12:01 a | .m. on the earlier | r of |
| The John day di | ter the record is | mea. | | | | |
| September 28t | h. | 2018 | | | | |
| Dated | | | · | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00