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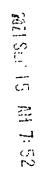
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COVER LETTER

TO:

Registration Section Division of Corporations

Ferrarri Florida Investments LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Angela Manaslay Name of Person Law Offices Michael II Merino P.A. Firm/Company 6741 Orange Dr Address Davie, FL 33314 City/State and Zip Code mmerino@merinolegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Manaslay Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■** \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

运用SE-15 / 7:52

Ferrarri Florida Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)

(<u></u>	(A Florida Limited	Hability Company)	, ,
The Articles of Organization for this Limited Florida document number $\frac{1.18000161935}{1.18000161935}$	Liability Compan	y were filed on <u>07/03/2018</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation	Y"LLC" or the abbreviation "L.J.,C."
Enter new principal offices address, if applicable:		6741 Orange Dr Davie, I	FL 33314
(Principal office address MUST BE A STRE	ET ADDRESS)		
		6741 Orange Dr Davie, I	FL 33314
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICI	U DOM		
Managa Marcas Ma	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records,	enter the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	6741 Orange	Dr Enter Florida street	. How
	Davie		
	Davic		Florida <u>33314</u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address ## 15 M1 7: 52	Type of Action
MGR	Giovanni Ferrarri	6741 Orange Dr Davie, FL 33314	■Add
		11555 Heron Bay Blvd Suite 200	≣Remove
		Coral Springs, F1, 33076	
			□Remove
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rective date, if other than the date of filing: reflective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 9/7/21	
Signature of a member or authorize	of correctative of a member
	est representation of a the thirty of

Filing Fee: \$25.00