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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| (Only Out of Ziph Hone H) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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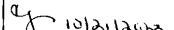
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COVER LETTER

| TO: | Registration S Division of Co | | | , |
|-----------------|--|--|--|--|
| CI ID TE | LUA02 LL | С | | |
| SUBJE | CI: | | mited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are su | bmitted for filing. | |
| Please n | cturn all correspo | ondence concerning this matte | r to the following: | |
| | | FABIAN GENEROSO | | |
| | | | Name of Person | |
| | | LUA02 LLC | | |
| | | | Firm/Company | |
| | | 973 SW 149TH CT | | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | MIAMI, FL 33194 | | |
| | | | City/State and Zip Code | |
| | | info@generosomiamireal | ity.com to be used for future annual report notifical | ion |
| For furth | er information co | oncerning this matter, please o | • | 1011) |
| | GENEROSO | | | |
| | Name of | CD | 305 3011151 at () | |
| | Name of | rerson | Ares Code Daytime Te | lephone Number |
| Enclosed | is a check for th | e following amount: | | |
| 3 \$25.6 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| ì | Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F | ection orporations | Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323 | ations thassee reet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT | 3 FM 7: 40

| LUA02 LLC | | | | |
|--|---|--------------------------------------|---|--------------------------------------|
| (Name of the Limited Liabil (A Florid | llity Company a da Limited Liabi | s it now appears on lity Company) | our records.) | , |
| The Articles of Organization for this Limited Liability (Florida document number L18000198381 | Company wes | e filed on <u>08/17/2</u> | 2018 | and assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | nited liability | company here: | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability (| Company," the design | ation "LIC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | | |
| | _ | | | |
| Enter new mailing address, if applicable: | _ | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | _ | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | ress on our recor | ds, <u>enter the nam</u> | e of the new register |
| Name of New Registered Agent: | | | <u></u> | |
| New Registered Office Address: | | | | |
| | | Enter Florida si | reet address | |
| <u> </u> | | ZII. | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registers | | City | | Zip Code |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registencompany has been notified in writing of this change. | t and agree to complete per agent as prov red office add | formance of my d ided for in Chap | duties, and I am f ter 605, F.S. Or, | amiliar with and if this document is |
| | If Changing | Registered Agent, S | ignature of New Reg | istered 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> | Address | Type of Action |
|--------------|---------------------|---------------------------------------|----------------|
| MGR | SARA BEATRIZ ROJKIN | 973 SW 149TH CT, MIAMI, FL 33194 | ■ Add |
| | | | □Remove |
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| Signature of a member or authorized representative of a member | | Emucto Nain | ian | | |
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Filing Fee: \$25.00