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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : 120040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

**Enter the email address for this business entity to be used for future,

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **UNIT 3401, LLC**

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

T. LEMIEUX

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Help OCT 23 2024

10/23/2024 11:36 AM

From: Lilly Perez-Ruiz *

Fax: (850) 617-6383

If Changing Registered Agent, Signature of New Registered Agent

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

| | Unit 3401, LLC | | |
|---|---|--|--|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability C Florida document numberL18000269001 | Company were filed on | 11/20/2018 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ited liability company her | <u>·e</u> : | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the de- | signation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | cords, <u>enter the na</u> | 2024 OCT 23 PM 4: 43 SECTIONALY OF STATE LUBANIC SECTION STATE |
| | | , Florida _ | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in this co omplete performance of t gent as provided for in Cl | ny duties, and 1 am hapter 605, F.S. Oi | n familiar with and r, if this document is |

10/23/2024 11:36 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax. (850) 617-6383

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|----------------|
| MGR | Michon Mahtani | 1541 Brickell Ave., C-1906 | ≘ ∧dd |
| | | Miami, FL 33129 | □Remove |
| | | | |
| MGR U | Usha Mahtani | 1541 Brickell Ave., C-1906 | □Add |
| | | Miami, FL 33129 | ≣Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
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| | | | □Add |
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| | | | □Remove |
| | | | □Change |

| | ing any other fatormation, enter change(s) here. (Anden datational sneets, if necessary) |
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| Note: If | date, if other than the date of filing: |
| If the record s record is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the |
| Dated O | tober 21 2024 |
| | Signature of a member or authorized representative of a member |
| | Emma R. Fernandez, Authorized Representative |

Typed or printed name of signee