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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -3 PM 1: 44
SECRETARY OF STATE |
TALLAHASSEE, FLORIDA

East First Ave, LLC

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

| The Articles of Organization for this Limited L Florida document number L18000288799 | iability Company wei | e filed on 12/17/2018 | and assigned | | |
|--|-----------------------------------|-------------------------------|------------------------------------|--|--|
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liability | company here: | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liability C | ompany," the designation " | LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applic | | | | | |
| (Principal office address MUST BE A STREE | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | _ | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | _ | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | egistered office addr 15 here: | ess on our records, <u>en</u> | ter the name of the new registered | | |
| Name of New Registered Agent: | Teresita Rivera | | | | |
| New Registered Office Address: | 1309 Sorolla Ave | | , <u>-</u> | | |
| | Enter Florida street address | | | | |
| | Coral Gables | | Florida 33134 | | |
| | | City | Zin Cade | | |

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 affice 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

□Remove

Change

| Inite Name Address Type of Actio (IORM Aristides Rivers 1309 Sorolls Avenue | If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records: MGR = Manager AMBR = Authorized Member | | | | | | |
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