Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | المارية المارية المارية |
|-------|---|-------------------------------|
| | Division of Corporations | - 10 |
| | Fax Number : (850)617-6383 | |
| From: | | · ' , |
| | Account Name : GOMES INSURANCE & ACCOUNTING CORP | , |
| | Account Number : 120200000161 | 1.3 |
| | Phone : (954)531-1451 | <u> </u> |
| | Fax Number : (954)697-0677 | • |
| Enter | the email address for this business entity to be used F | or future |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NASCIMENTO PROPERTIES LLC >

| Certificate of Status | U U |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| | ion of Corp | | | | | • | |
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| Storings. | NASCIMEN | TO PROPERTIES LLC | | | | | |
| SUBJECT: _ | | Name of Lim | ited Liability Company | | · | | |
| | | | | | | • | |
| The enclosed z | Articles of A | mendment and fee(s) are sub | mitted for filing. | | | | |
| Please return a | II correspon | dence concerning this matter | to the following: | • | | | |
| | | PAULO GOMES | | | | | |
| | | | Name of Person | | —————————————————————————————————————— | 202 53 1741 | |
| | | GOMES INSURANCE AN | ND ACCOUNTING | | | 2021 AUG | |
| | | | · Firm/Company | | | 6-2 | • |
| | | 240 LOCK ROAD | | | | P | |
| | ٠ | | Address | | | | |
| | | · DEERFIELD BEACH OF | L 33442 | • | | <u>्र</u> | |
| | | • | to be used for future and | • | on) | | |
| for further info | ormation cor | cerning this matter, please ea | 3 11 : | • | | | |
| PAULO GOM | ES | | 954 at () | 818-2991 | | | |
| | Name of I | Person | · Area Code | Daytime Tel | icphone Number | | |
| | | | | • , | | | |
| Enclosed is a c | heck for the | following amount: | | | | | |
| ■ \$25.00 Fiji | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55,00 Piling f Certified Copy (additional copy i | y , | Certified | e of Status & | |
| Regis Divis | ng Address: stration Session of Co | | Regi Divi | t Address: istration Sectionsion of Corpora | ations | | |
| | Box 6327 hassee, FI | . 32314 | 2415 | Centre of Țalia 5 N. Monroe St ahassee Fl 32 | reet, Suite 81 | 10 | |

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | .C | |
|--|---|---|
| (Name of the Limit | ted Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited L Florida document number £19000136762 | | 2019 and assigned |
| This amendment is submitted to amend the following | | • |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| | | |
| The new name must be distinguishable and contain the w | cords "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | |
| | | |
| · | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | |
| | | <u> </u> |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | egistered office address on our recor ss here: | ds, enter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | · | · |
| | Enter Florida si | treet uddress |
| | | , Florida |
| | | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing R | • • | Zip Code |

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5 2021-08-02

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 |

| Title | <u>Name</u> | , , | Address | Type of Action |
|-------------|---------------------------------------|-----|---|----------------|
| AMBR | Wesley Moreira Bustamente | | 6822 LITTLE BLUE LN | ≝Add |
| | · · · · · · · · · · · · · · · · · · · | , . | SAINT CLOUD FL 34773 | F**15 |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled.

Dated AUGUST, 02/2021

Signature of a member or authorized representative of a member

MAX GUILHERME NASCIMENTO JR

Typed or printed name of signee