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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

TO:

| Improvem: SUBJECT: | ent Development 02 LLC | | |
|--|--|--|--|
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Marcos Jaramillo Gil | | |
| | · | Name of Person | |
| | Improvement Developmen | nt 02 LLC | |
| | | Firm/Company | |
| | 730 NE 120 ST | | |
| | | Address | 0 Ta |
| | Biscayne Park, FL, 33161 | | 2023 HAR 20 PH 12: 23 FL STALL SADVET FL |
| | | City/State and Zip Code | 7.20 |
| | admin@improvementdevel | | |
| | E-mail address: | to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please of | all: | 7 2 |
| Marcos Jaramillo | | 305 409 8744 at () | |
| Name (| of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of O P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro | porations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IMPROVEMENT DEVELOPMENT 02 LLC | | |
|--|--|--------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our recorded Liability Company) | <u>v-</u>) |
| | | and assigned |
| Florida document number L190001613 Q1 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | ***** |
| | | |
| | | 2023 HAR SECULIA |
| Enter new mailing address, if applicable: | | 3 H |
| Mailing address MAY BE A POST OFFICE BOX) | | 70 |
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| | | Pri |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ce address on our records, <u>enter</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Tien Registered Office Address. | Enter Florida street address | 5 |
| | • Flo | orida |
| | City | Zip Code |

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 Changing Registered Agent, Signature of New Registered 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 |
|--------------|-----------------------|-------------------------|----------------------|
| AMBR | JARAMILLO, MATIAS | 730 NE 120TH ST | □Add |
| | | BISCAYNE PARK, FL 33161 | ≡ Remove |
| | | | □Change |
| AMBR | JARAMILLO GIL. MARCOS | 555 NE 34TH ST | □Add |
| | | MIAMI, FL 33137 | ■Remove |
| | | | □Change |
| AMBR | EMCUBE LLC | 730 NE 120TH ST | Add |
| | | BISCAYNE PARK, FL 33161 | ZAdd AAPPemove |
| | | | P Ghange C C C C Add |
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| ective date, if other tha | an the date of fil | ing: | | (optio | nal) | |
| effective date is listed, the date: If the date inserted in | late must be specific: | and cannot be prior | to date of filing or mo | re than 90 days after | fīling.) Pursua | nt to 605,020 t be listed as |
| nument's effective date on | | | | | | |
| | on | or . | 12.01 | a e e e e e e e e e e e e e e e e e e e | T .001 | |
| cord specifies a delayed e s filed. | ffective date, but r | iot an effective tir | ne, at 12:01 a.m. o | n the earlier of: (b) | The 90th o | lay after the |
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| led <u>maech ol</u> | | le x ~ /1 | rized representative of | | | |

Filing Fee: \$25.00