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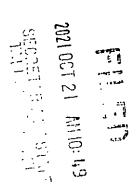
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COVER LETTER

Registration Section

10:

Division of Corp	orations					
		PERTIES BOCA RATON LLC				
NUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspon	idence concerning this matter	to the following:				
		Manuel Fasce				
		Name of Person				
	BEACHFRONT PROPERTIES BOCA RATON LLC					
		Firm Company				
	100 Plaza	Real S, STE D Address				
		Numers				
	Boca R	taton Florida 33432 City State and Zip Code				
	fasc	enır@gmail.com				
	E-mail address: (to be used for future annual report noti	fication)			
For further information co	oncerning this matter, please o	all				
Manuel Fasc		at (561) 561-251-8 Area Code Daytin	281			
Name of	Person	Area Code — Daytun	c Telephone Number			
Enclosed is a check for th	e following amount:					
☑ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Address</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	rporations			
P.O. Box 632 Tallahassee, F	7	The Centre of T 2415 N. Monro Tallahassee, Fl	e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2021 OCT 21 AM In: 49

Beachfront Poperties Boca Raton LLC (Name of the Limited Liability Company as it now appears on our records, c)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02 17:2020 and assigned Horida document number L20000054221 Fins amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Manuel Fasce Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 27 NE 4th Ave. Delray Beach, FL 33483 Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS) 5363 Park Place Circle Boca Raton FL 33486 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: 5363 Park Place Circle New Registered Office Address: Enter Florida street address Boca Raton , Florida New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 in cept 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

Title	Name	<u>Address</u>	Type of Action
MGF	Ivana Shoultz		TAdd
		27 NE 4TH AVE Detray Beach, Ft. 33483	⊠ Remove
			Change
		·· · · · · · · · · · · · · · · ·	Петюче
			Change
			□ □ Change
			DAdd
		<u> </u>	Петюче
			TChange
		<u> </u>	T.Add
			Remove
			TChange
		<u> </u>	TAdd
			Петюче

Change

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ctive date, if other than the	e date of filing:				_ (optional)	
effective date is listed, the date mu 11 If the date inserted in this b	lock does not mee	t the applicab	date of filing of the statutory f	r more than 90 c ling requirem	lays after filing.) I ents, this date w	ursuunt to 605.0 ill not be listed
iment's effective date on the E	Department of Stat	e's records.				
ord specifies a delayed effective	ve date, but not an	effective (im	e, at 12:01 a	n on the earli	er of (b) The	₩th day after
filed.						
d10/12/2021	、 4	<i></i> /	- `			
	What	M.	guana S	Shoultz	10/17/	p verified 21-11-52 AM EDT AHT HWRO FHEZ
	Signature of a mer	nber or authori	zed representat	ive of a membe	1	

Filing Fee: \$25.00