## L2000140487

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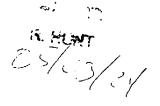


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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited )	ny n <u>a it now appears on our re</u> Liability Company)	cords.)		
The Articles of Organization for this Limited L Florida document number L20000140487				und assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	illity company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbrovia	tion "L.L.C	<u>c."</u>
Enter new principal offices address, if applic	2999 NE 191st Street		(5)		
(Principal office address MUST BE A STREE		Suite 402			
Trincipal Office didress MOST BEASTAL	(1 /1001cms)	Aventura, Florida 33180			
Fater new mailing address, if applicable:	2999 NE 191st Street	E Section	_ 	<u>i -                                   </u>	
•		Suite 402	m v.	9	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33180		ယ	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	<u>ss here</u> :	address on our records, <u>e</u> Valeria Schvartzman PA	nter the name of t	the new i	registere
New Registered Office Address:	2999 NE 191s	t Street, Suite 402			<u>-</u>
THOM TO PRODUCE OF THE PRODUCE OF THE PROPERTY.	<u> </u>	Enter Florida street a	ddress		
	Aventura		_, Florida <u>33180</u>		
	<u></u>	City	Zi	p 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
MGR	LEVERT, LINDSAY	18501 COLLINS AVE, UNIT 2303	_ 🗆 Add
		SUNNY ISLES BEACH, FL 33160	_ \( \exists \) Remove
			_ Change
MGR	LEVERT, LINDSAY	2999 NE 191ST STREET, SUITE 402	_ 🖹 Add
		AVENTURA, FL 33180	□Remove
			_ Change
		<u>.</u>	□ Ädd
		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	_   Remove
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ated	April 30th	ı	2024		1					

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