Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC Account Number : I20230000144 Phone : (305)780-5212 Fax Number : (786)954-3860

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNNY PORT LLC

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SEP 3 0 2023 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUNNY PORT LLC | | | |
|--|---|--------------------------------|-------------------|
| (<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab | is it now appears on our records.) They Company) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L20000179601}{L}$. | re filed on 7/2/2020 | and assig | ned |
| 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 C | 'ompany," the designation "LLC" or the al | obreviation "L.L.) | C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent: | ress on our records, <u>enter the nan</u> | ne of the new 1 2023 SEP 29 | registered |
| New Registered Office Address: | Enter Florida street address | P | - [] - |
| New Registered Agent's Signature, if changing Registered Agent: | . Florida | Zip Coden | |
| New Registered Agent's Signature, it changing Registered Agent; I hereby accept the appointment as registered agent and agree t | o act in this capacity. I further ag | ree to comply | with the |
| provisions of all statutes relative to the proper and complete per | | , . | |

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. Thereby 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> | <u>Address</u> | Type of Action |
|--------------------------|-----------------------|---------------------------------------|----------------|
| MGR | Jacobo Cababie Dichi | 20900 NE 30 Ave., Suite 807 | |
| | | Aventura, FL 33180 | ■Remove |
| | | | |
| MGR | Yosef Shwedel | 20803 Biscayne Blvd., Suite 405 | ≣Add |
| | | Aventura, FL 33180 | □Remove |
| | | | □Change |
| P | Jacobo Cababie Dichi | 20900 NE 30 Ave., Suite 807 | ■Add |
| | | Aventura, FL 33180 | □Remove |
| | | | □Change |
| VP Victoria Mustri Smeke | Victoria Mustri Smeke | 20900 NE 30 Ave., Suite 807 | ■Add |
| | | Aventura, FL 33180 | □Remove |
| | | | ☐ Change |
| | · | | CJAdd |
| | | | □Remove |
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| Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applicab | date of filing or more than ⁹⁰ days after filing.) Pursuant to 605 le statutory filing requirements, this date will not be liste | .0207 (3) ed as the |
| he record specifies a delayed effective ord is filed. | e date, but not an effective time | e, at 12:01 a.m. on the earlier of: (b) The 90th day after | r the |
| Dated September 29 | . 2023 | | |
| /s/Jacobo Cababi | e Dichi Signature of a member or authoriz | | |
| Jacobo Cababie Dichi | Signature of a member of authoriz | zed representative of a member | |
| | Typed or printed | name of suree | |