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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

Fax Number : (305)377-0781

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

Corporate (a obyalaw.com Email Address:___

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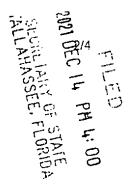
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L20000185387 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 abbreviation "LLC." 283 CATALONIA AVE, SUITE 200 Enter new principal offices address, if applicable: CORAL GABLES, FL 33134 (Principal office address MUST BE A STREET ADDRESS) 283 CATALONIA AVE, SUITE 200 Enter new mailing address, if applicable: CORAL GABLES, FL 33134 (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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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	RUBEN LAMOTHE	283 CATALONIA AVE	
		SUITE 200	Remove
		CORAL GABLES, FL 33134	■ Change
			□ Add
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			Change

Effective date, if other than the date of filing: (If an effective date is isted, 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 Mote: 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. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	Dated DECEMBER 13	2021	·		IALLAI	2021 DEC 14
	(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot lick does not meet the partment of State's reference effective date, b	applicable statutory ecords.	or more than 90 days at filing requirements, t	fter filing.) Pursuant this date will not b	be listed as the
						
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