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SECRETARY OF STATE

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
	E - KENDALL SOUTH, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David J. Peña			
		Name of Person		
	J. David Peña, P.A.			
		Firm/Company		
	201 Alhambra Circle, Suite	e 600		
		Address		
	Coral Gables, FL 33134			
		City/State and Zip Code	2022 OCT 1 8 PH 4: 53 SECRETARY SECRETARY	
	dpena@pena.law			
For further information c	e-man address: (·	ication)	2022 SEC
Crystal Alonso		305 350-6800 at ()		OCT I
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (ing Fee, 2 of Status & Copy
Mailing Addres Registration 5		<u>Street Address:</u> Registration Sec	ction	
Division of C P.O. Box 632	orporations	Division of Con		
F.O. DOX 032	. 1	The Centre of T	ananassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMINATE - KENDALL SOUTH, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 09/01/2020	and assigned
lorida document number L20000272923		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		S 28
		22 0 TAL
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· \$22 @ \$50
	-	일을 교
 If amending the registered agent and/or registered offi gent and/or the new registered office address here: 	ce address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS.
		lorida
	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 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	Faran Farrukh Qureshi	13701 SW 143RD COURT, UNIT 101	≣Add
		Miami, Florida 33186	□Remove
			🗆 Add
			□Remove
			Change
			SECRETARY OF
			TARN OF STATE AHASSEE FL
			□Add
			□Remove
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ective date, if other than the date of filing:	(optional)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	date of filing or more than 90 days after filing	.) Pursuant to 605,020
union y treetive date on the peparanem of other vice of the		
cord specifies a delayed effective date, but not an effective times filed.	e, at 12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
ed September 14.		
	-)_	

Typed or printed name of signee