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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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T. MATTHEWS MAY 26 2022

COVER LETTER

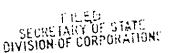
| TO: Registration Section Division of Corporations | | | |
|---|--|---|---|
| SURJECT: | F DEVELOPERS (| ISA LLC | |
| Solution | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | |
| The enclosed Article | s of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corr | espondence concerning this matter | to the following: | |
| | 90 | LIAN MANCINELLI Name of Person | |
| | | Name of reison | |
| | 3F_I | EITH/Company | 5A (cc |
| | 3179 Hayl | Address | |
| | LAKE WOR | PTN FC 33 40 City/State and Zip Code | 10 7 |
| | E-mail address: (| UCIVELLIZZE GHA | fication) |
| For further informati | on concerning this matter, please ca | all: | |
| Julian | MANCINELLI me of Person | at (<u>561</u>) <u>255</u> Area Code Daytime | 2475 |
| . 14 | ine of termin | , irea code Dayima | e relejinozie rvanioci |
| Enclosed is a check (| for the following amount: | | |
| [₺\$25.00 Filing Fe | e □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Ad | dress: on Section | Street Address: Registration Sec | Stion |
| _ | of Corporations | Division of Cor | |
| P.O. Box | · | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| JF DEVELOKE | as usa LC 22 APR 18 PM 1:46 |
|--|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) sited Liability Company) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on $\frac{12}{14}$ $\frac{12020}{200}$ and assigned |
| Torida document number <u>LZ 000039027</u> 2 | • • • • |
| 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 I | Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, <u>enter the name of the new regist</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |

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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------------|-----------------|
| AMBZ | FEDERICO HURTADO | 7011 NW TURTLE WALK | □Add |
| | | BOCA RATION, FC 33487 | □Remove |
| | | | X Change |
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| n effe i <mark>te:</mark> H | ce date, if other than the date of filing: |
| cord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| ted_ | · |
| | A tu |
| | Signature of authorized representative of a member |
| | Typed or printed name of signee |
| | |