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FLORIDA IN HOUSE COUNSEL

TO: Registration Section
Division of Corporations

LAW GROUP

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:	
	Roberto Santoni		
		Name of Person	
	Santoni Law, P.A., d/b/a F	lorida In-House Counsel Law Gre	oup
		Firm√Company	
	941 Lake Baldwin Lane, S	uite 100	
		Address	
	Orlando, Florida 32814		
		City/State and Zip Code	
	rsantoni@fihclawgroup.con		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please co	all:	
Roberto Santoni		407 233-3490 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$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 Address:

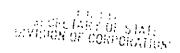
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -8 AH II: 56

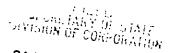
9125 LEE VISTA BOULEVARD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/22/2021	and assigned	
Florida document number L21000076224			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	ldress	
	, Florida City Zip Code		
	·	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	
If Cha	nging Registered Agent, <u>Signate</u>	are 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



_____ □Change

21 MAR -8 AMThpsof Action Address <u>Title</u> Name Name Christine M. Ortiz 18800 Natchez Street AMBR ___ □Add Orlando, Florida 32833 ■Remove 18800 Natchez Street Christie M. Ortiz AMBR ...___ **∃**Add Orlando, Florida 32833 _____ Change _____ Change □Remove _____ □Change ___ □ Add Remove □Change

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Filing Fee: \$25.00