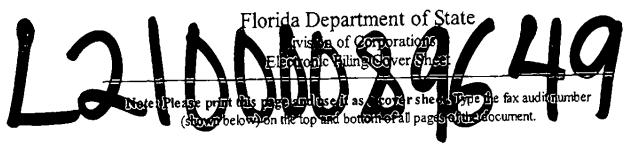
3/8/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : 120140000065

Phone

: (305)371-5758

Fax Number

: (305)371-3178

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

Email Address:__

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From: 3053713178

3-08-21 5:08pm p. 2 of 4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on mited Limbility Company)	our recores.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/02/	2021 and assigned
Florida document number L21000089649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>:22)</u>	
		2121
Enter new mailing address, if applicable:		1941 L
(Mailing address MAY BE A POST OFFICE BOX)		10 m
B. If amending the registered agent and/or registered	office address on our reco	ymi NV
agent and/or the new registered office address here:	V	म्हण्ड स
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flo		street address
		, Florida
	Clty	Zφ Code
New Registered Agent's Signature, if changing Registered	Agent:	

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

From: 3053713178

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H21000094240

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALAIN DEGRAEVE	ONE 5.E. 3RD AVE STE 2950	
		MIAMI, FL 33131	□Remove
			□ Change
MGR	ALAIN R. DEGRAEVE	ONE S.E. 3RD AVE STE 2950	□ A d d
		MIAMI, FL 33131	□ Кеточе
			□ Change
			2821 MAR -9 PH 12: 54
		□Add □Remove	
			□Change
<u> </u>			□Add
			□Remove
			Change
			□Add
			☐ Remove
			□ Change

To: FAX SERVICE .

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		2021 HAR
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Note:	date, if other than the date of filing: (opt tive date is listed, the date must be specific and carmot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	ional) or filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the reco	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
Dated	MARCH 8 , 2021 .	

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Typed or printed name of signee

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