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COVER LETTER

TO: Registration S Division of Co		4	*	
	21 FERRARI LLC			ជ
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Francisco A. Mendez			
		Name of Person		
		Firm/Company		
	5966 south	DIXE High ing S	, ste 300	
	Miami, FL >ろしくろ	Address		
		City/State and Zip Code		
	fmendez0061@gmail.com			2 0
	E-mail address: (to be used for future annual report notificat	ion)	21 0 17A1
For further information	concerning this matter, please ca	all:		- E
Francisco A. Mendez		305 796-2904 at ()		
Name	of Person	Area Code Daytime Te	lephone Number	2021 OCT -4 PH 5: 04 SECKLIZ/Lacker - C. C.
Enclosed is a check for	the following amount:			(-1)
• = \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre		• Street Address:		
Registration	Section	Registration Section		

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

F M F8 2021 FERRARI LLC			
(Name of the Lim	i <mark>ted Liability Comp</mark> (A Florida Limited	any as it now appears on our reculiability Company)	ords.)
The Articles of Organization for this Limited I	Liability Compan	y were filed on March 1, 2021	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	5966 500 Ha	Dixie Highway. 5300
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 39143	·
Enter new mailing address, if applicable:	<u>E BOX)</u>	5966 South Dixi Miami, FL 38143	e Highway 5.300
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, ent	er the name of the new registered
Name of New Registered Agent:	Francisco A. A	Mendez	17.1 of 17.1
New Registered Office Address:	5966 5	OUTH DIXIE HITH	100 July 5. 300 1
	Miami		Florida 33143 =
		City	Zip.Code
New Registered Agent's Signature, if changing	Registered Agent	•	' II -

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 heing 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.

Manging 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>	<u>Name</u>	Address	Type of Action
MGR	Francisco A. Mendez	5966 South Date	typung MAdd
		59 66 south Dxirt suite 200	□ Remove
		Miami, FL 33143	Change
MGR	Emilio Enriquez	13496 SW 291 Lane	□ Add
		Homestead, FL 33033	■Remove
			□ Change
·		- <u></u>	□Add
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ck does not meet the applicable	te of filing or more than 90 da statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.02 nts, this date will not be listed
record specifies a delayed effective is filed.	date, but not an effective time, a	nt 12:01 a.m. on the earlie	er of: (b) The 90th day after the
September 27	2021		
ated	_	A	
September 27	Tun Ale	6	
ated	gnature of a member or authorized	representative of a member	

Filing Fee: \$25.00