Division of Corporations

→ 18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000193820 3)))



H220001938203ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

| £mail | Address: | | | | |
|-------|----------|--|--|------|--|
| | | | | | |

(ነ) ረው-LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ريخ THE GALLERY AT LUMMUS PARC QOZ INVESTOR, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |



Electronic Filing Menu

Corporate Filing Menu

Help

→ 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE GALLERY AT LUMMUS PARC QOZ INVESTOR, LLC | 1.3 |
|---|---------------------------------------|
| (Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Company were filed on 03/19/2021 | and assigned |
| Florida document number L21000116146 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| Gallery at Lummus Parc QOZ Investor, LLC | |
| The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, e | nter the name of the new register |
| agent and/or the new registered office address here: | 202 |
| Ar CN D Co I b may | 2 بال |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: Enter Florida street o | w |
| Enter Floriau Mreet a | Florida |
| | , Florida |
| City | ωp.coaξη |

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> | Name | Address | Type of Action |
|--------------|-----------------|-------------------------------|-----------------------------------|
| President | Perez, Jon Paul | 2850 Tigertail Ave. Suite 800 | ■ Add |
| | | Miami, FL 33133 | □ Remove |
| | | | Change |
| MGR | PEREZ, JORGE M | | □ Add |
| | | | ■ Remove |
| | | | Change |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | Remove |
| | | | |
| | | | □Add |
| | | | |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |

__ □Remove

| | | | <u> </u> | _ |
|--|--------------------------|---|--|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | _ · |
| | | | | _ |
| | | | | |
| | | | | |
| | . | | | _ |
| | | | | |
| | | | | _ |
| | | | | |
| | | | | _ |
| | | | | _ |
| | | | | |
| Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not | neet the applicable sta- | filing or more than 90 da utory filing requireme | (optional) sys after filing.) Pursuant to nts, this date will not be | 605.0207 listed as |
| record specifies a delayed effective date, but not d is filed. | an effective time, at 1 | 2:01 a.m. on the earlic | r of: (b) The 90th day a | ifter the |
| Dated | 2022 | | | |
| Jaico | 2022 OPL | | | |
| | member or authorized re | | | - |

Typed or printed name of signee