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SECTION OF CORPUSATION OF STATE

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Tallahassee, FL 32314

TO:	Registration So Division of Co				
	CASA BRI	CKELLTEC			
SUBJE	ECT:	Same of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspo	ondence concerning this matter	to the following:		
			Name of Person		
		SMAART LLC			
			Firm/Company		
		8200 W 33 AVE STE 8			
		HIALEAH, FL 33018	Address		
		RAY@SMAARTBIZ.COM	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For furt	ther information of	concerning this matter, please c	all:		
RADIE	EL DOMINGUEZ		305 764 - 6	5179	
Name of Person		at () Area Code	Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
	Mailing Addre		<u>Street Addr</u> Registratie		
	Division of C	Corporations	Registration Section Division of Corporations		
	P.O. Box 632	27	The Centr	e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: B321B1A8-F809-481F-B060-C72AA54F2426 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA BRICKELL LLC

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Jability Company)	records.)	
The Articles of Organization for this Limited L. Florida document number		were filed on		
This amendment is submitted to amend the foll	owing:		星1:2	
A. If amending name, enter the new name o	f the limited liab	ility company here:	ت'	
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designatio	n "ELC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8200 W 33RD AVE STE 8		
		HIALEAH, FL 33018		
Enter now mailing address if applicables		8200 W 33RD AVE STE	8	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	HIALEAH, FL 33018		
B. If amending the registered agent and/or agent and/or the new registered office addre				
Name of New Registered Agent: New Registered Office Address:	8200 W 33RD /	AVE STE 8		
		Enter Florida stree	t address	
	HIALEAH		33018 . Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>		
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my du- provided for in Chapter	ties, and Lam familiar with and + 605, F.S. Or, if this document is	
	If Cha	nging Registered Agent, Sign	nature of New Registered Agent	

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IT amending Authorized rerson(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
			□Add
			□Remove
			Change
			□Add
			□Remove
		-to-composition of	□Change
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this bument's effective date on the I	ust be specific and cannot be price block does not meet the appli	cable statutory filing	(optional e than 90 days after tiling requirements, this dat) 2.) Pursuant to e will not be	605.020 listed a
cord specifies a delayed effecti s filed.	ve date, but not an effective	ime, at 12:01 a,m, or	the earlier of: (b) T	he 90th day a	ifter th
JUNE 29 ed	2022				