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		РНОТОСОРУ	
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1.		CARILLON 6801 AVE LLC	
		(CORPORATE NAME AND DOCUMEN	T #)
2.		(CORPORATE NAME AND DOCUMEN	T #)
3.		(CORPORATE NAME AND DOCUMEN	Т#)
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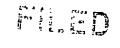
Division of Cor			
Carillon 68	01 Collins Ave LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Osmundo O. Martinez, Es	q.	
		Name of Person	
	Osmundo O. Martinez, Es	q., PLLC	
		Firm/Company	
	999 Ponce de Leon Blvd.,	Suite 735	
		Address	
	Coral Gables, Fl 33134		
		City/State and Zip Code	
	osmundomartinez@mundi.		
	E-mail address:	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please of	all:	
Osmundo O. Martinez, I	Esq.	305 433-3007	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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



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TALLALASSEE, FL

Carillon 6801 Collins Ave 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 Li Florida document number L21000228118		vere filed on May 18,	2021 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabili	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	**************************************	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE A	BOX)	-	<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office address			s, enter the name of the new registered
Name of New Registered Agent:	Osmando O. Man	tines, eaq.	
New Registered Office Address:	999 Ponce de Leo	on Blvd., Suite 735	
		Enter Florida str	
	Coral Gables	City	, Florida 33134 Zip Code
		City	zsp Coae
New Registered Agent's Signature, if changing F			

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 continuithat the limited liability company has been notified in writing of this change.

If Changing 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/ambr	Natividad Batista	1813 SW 49th Ln	
		Cape Coral, FI; 33914	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
		** talk	Change
			□Add
			□∧dd
			П Кепюче
			□ Change
			□Add
			Remove
			□ Change

ate of filing:
date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Maria E Liraldo
.]

Filing Fee: \$25.00