To: 8506476383 -

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : MARKO & MAGOLNICK, P.A.

Account Number : 120050000185

: (305)285-2090

Fax Number

: (305)285-5555

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componatesenvices@mm-palcom

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ARTICLES OF AMENDMENT

From: 3052855555

TO ARTICLES OF ORGANIZATION OF

(((H220	00429274 3))] [
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2022 DEC 21 41	411:27

SV 130 ANTIQUERA, LLC		•
(<u>Name of the Limited Liabllity</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000239559</u>	ompany were filed on 05/18/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	City	Zip Code

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 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 (((H22000429274 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Vilma, Jonathan P	3861 Park Avenue	
		Miami, F133133	-
		·	☐ Change
Mgr SV 130 ANTIQUERA GP, LLC	SV 130 ANTIQUERA GP, LLC	3001 SW 3 AVENUE	\equiv \equiv Add
		MIAMI, FL 33129	□Remove
		□ Change	
		□Add	
			Remove
			Change
			🗀 Add
			□Remove
			Change
			⊡Add
			□Remove
		□ Change	
		□Add	
			□Remove
			□ Change

Signature of a member or authorized representative of a member

Typed or printed name of signee