6124/2021

Division of Corporations

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.

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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 : PIERO SALUSSOLIA CORPORATE MANAGEMENT INC.

Account Number : 120150000007 : (305)373-7016 Phone fax Number : (305)373-7017

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

| T-1 | Address: | | | |
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| rmall. | ACCICSS: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FENICE LLC

| Certificate of Status | 0 |
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| Certified Copy | U |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

* From MONICA TIRADO 1.786.329.6466 Thu Jun 24 12:06:46 2021 MDT Page 4 of 7

COVER LETTER

| FENICE | LLC | | | | |
|--------------------------|--|---|--|--------------------|-----|
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles | of Amendment and fec(s) are sub- | nitted for filing. | | | |
| Please return all corres | pondence concerning this matter t | to the following: | | | |
| | MONICA TIRADO | | | | |
| | | Name of Person | | | |
| | | PirnyCompany | TALL | 2021 SEC | |
| | 325 S BISCAYNE BLVD | | AllAs | SECRETARY | FEE |
| | Address MIAMI FLORIDA 33131 | | | | |
| | tiradomonica@hotmail.com | | | AM 5: 25 | O |
| For further informatio | E-mail address: (in concerning this matter, please c | to be used for future annual report notif all: | (канон) | | |
| MONICA TIRADO | | 305 9890393 ar () | | | |
| Nan | ne of Person | Area Code Daytina | e l'elephone Number | | |
| Enclosed is a check for | or the following amount: | | | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Statu Certified Copy haldinenal copy is each | | |

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

From MONICA TIRADO 1.786.329.6466 Thu Jun 24 12:06:46 2021 MDT Page 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FENICE LLC | | | |
|---|--|---|------------------------------|
| (Name of the Limi | ted Liability Comp (A Florida Limited | mny as it now appears on our records.) Hability Company) | |
| The Articles of Organization for this Limited I. Florida document number 1.21000273341 | | y were filed on <u>06/11/2021</u> | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited lia | bility company here: | |
| N/A | | | |
| the new name must be distinguishable and contain the | words "Limited Lia | bility Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | |
| Principal office address MUST BE A STREI | TADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | BOX) | N/A | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | e address on our records, <u>enter ti</u> | ie name of the new regist |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | | | |
| | | Enter Florida street address | |
| | | . Flor | rida |
| | | 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. Thereby 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

| Title | Name | Address | Type of Action |
|-------|--------------------|--------------------------|----------------|
| MGR | RAFFAELLA MAGGIORE | 1103 NE 118 STREET | ∰Add |
| | | BISCAYNE PARK, Ft. 33161 | |
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