Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FANJUL CAPITAL OVN SPV, LLC

Certificate of Status	0
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Page Count	04
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Help

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANJUL CAPITAL OVN SPV, LI.	c		
(Name of the Lim	ted Liability Comp	any as it now spream on Liability Company)	our records)
The Articles of Organization for this Limited L Florida document number L21000300343		_	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
FFD FL SPV I, LLC			
The new name must be distinguishable and contain the	words "Limited Lish	ility Company," the desig	nation "LLC" or the abbroviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
	3		
			•
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr			rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:			
New Registered Office Address:	1101 Brickell	Ave, Suite S700	
		Enter Florida	
\	Miami		, Floride
		Cby	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>ti</u>	
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as rej being filed to merely reflect a change in the	per and complet gistered agent as	te performance of my s provided for in Cha	oduties, and I am familiar with and upter 605, F.S. Or, if this document is

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

The manufacture of the control of th

Title	Name	Address	Type of Action
			□ Add
		<u> </u>	□Remove
			Change
	*		
			□ Remove
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			B □Add
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			Change
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	no.		□ Remove
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			C)Add
			Remove
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If amending any other in	oimanon, enter em	urke(s) nere: (Anno	и системи влесы, у	neocosur y.y	
	 				
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Effective date, if other ti (If an affective date is listed, the <u>Note:</u> If the date inserted i document's effective date of	i this block does not m	eet the applicable sta	f filing or more than 90 day	(optional) setter filing.) Pursuant to 605.0 is, this date will not be listed)207 (d as t
he record openifice a delayed ord is filed.	offective date, but not	an effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day ofter	the
August 18		2022			
Dated	Gignature of a ri	neigher or authorized re	presentative of a member	<u> </u>	
Mike Porenza	1				
		Typed or printed name	of signee		

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