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COVER LETTER

TO:

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SUBJECT: _,	Name of Lim	ited Liability Company	; ,
The enclosed Articles of	enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: ROBERTO F. FLEITAS III. ESQ. Name of Person FLEITAS PLLC Firm/Company 782 NW 42 AVENUE. STE 430 Address MIAMI. FL 33126 City/State and Zip Code RFLEITAS3@FLEITASLAW.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: 305 Name of Person Name of Person Daytime Telephone Number		
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERTO F. FLEITAS I	II, ESQ.	
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: ROBERTO F. FLEITAS III. ESQ. Name of Person		
	FLEITAS PLLC		cad for filing. e following: SQ. Name of Person Firm/Company O Address ty/State and Zip Code COM used for future annual report notification) at (
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	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Discreption of Emitted For filing and the following: ROBERTO F. FLEITAS III. ESQ. Name of Person FLEITAS PLI.C Firm/Company 782 NW 42 AVENUE, STE 430 Address MIAMI, Fl. 33126 City/State and Zip Code RFLEITAS3@FLEITASLAW.COM E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: EITAS III. ESQ. Name of Person Area Code 305 Area Code Daytime Telephone Number Area Code Certificate of Status Certified Copy (additional copy is enclosed) Address: attion Section Registration Section Division of Corporations		
		Address	
	MIAMI, FL 33126		
	STURA GARDENS LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: ROBERTO F. FLEITAS III. ESQ. Name of Person FLEITAS PLLC Firm/Company 782 NW 42 AVENUE. STE 430 Address MIAMI. FL 33126 City/State and Zip Code RFLEITAS3@FLEITASLAW.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: ITAS III. ESQ. ame of Person for the following amount: for the following amount: for the following amount: See \$\Begin{array} \Bar{A}30.00 \text{ Filing Fee} & \Bar{C}\text{ Certified Copy} \text{ (additional copy is enclosed)} Certified Copy \text{ (additional copy is enclosed)} ddress: ion Section Street Address: Registration Section		
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For further information of		·	ification)
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P.O. Box 632			
Tallahassee,	rl 32314	Z415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 20 AH 8: 35 AVENTURA GARDENS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF A !! TALLAHASSEE. The Articles of Organization for this Limited Liability Company were filed on $\frac{06/30/2021}{1}$ 3 and assigned Florida document number ______L21000302325 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GENIA GARDENS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ____ City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Remove
			□Change
			□Add
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