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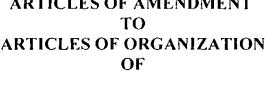
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| TO: | Registration Se Division of Cor | | > | | |
|--------------|------------------------------------|---|---|--|--|
| SHD 107 | Dick M. Or | | | | |
| SUBJEC | | Name of Lim | ited Liability Company | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | Dick M. Ortega | | | |
| | | | Name of Person | - | |
| | | Ortega Group PLLc | | | |
| | | | Firm/Company | | |
| | | 255 Alhambra Cir, Suite 3 | 20 | | |
| | | Address | | | |
| | | City/State and Zip Code dortega@ortegagroup.law E-mail address: (to be used for future annual report notification) | | | |
| | | | | | |
| | | | | | |
| For furth | er information co | oncerning this matter, please c | all: | | |
| Dick M. | Ortega | | 786 260-4634 | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed | l is a check for th | ne 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 Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address | s: | Street Address: | | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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



Saclo Mario (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 Liability Company were filed on $\frac{07/06/2021}{2}$ and assigned Florida document number _____L21000309286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ORTEGA GROUP, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 255 Alhambra Cir Enter new principal offices address, if applicable: Suite 320 (Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33134 255 Alhambra Cir Enter new mailing address, if applicable: Suite 320 (Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33134 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

DICK M. ORTEGA, PLLC

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.

255 Alhambra Cir, Suite 320

City

Dick M. Ortega

Coral Gables

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33134 Zip Code

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 |
|--------------|----------------|--|-------------------|
| AMBR | Dick M. Ortega | 600 Brickell Ave, Suite 3800, Miami, FL 33131 | □Add |
| | | | ≡ Remove |
| | | | □Change |
| AMBR | Dick M. Ortega | 255 Alhambra Cir, Suite 320, Coral Gables, FL 3313 | 4 ≡ Add |
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| Sign | nature of a member or authorized representative of a member |

Filing Fee: \$25.00