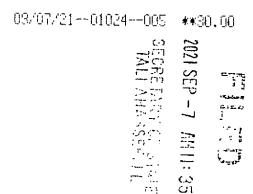
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M. JIMENEZ REALTY L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL A. JIMENEZ Name of Person
Firm/Company
$\frac{16633 \text{ Sw } 54 \text{ St}}{\text{Address}}$ $\frac{\text{MIAMI}}{\text{City/State and Zip Code}}$
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL A. JIMENEZ at (786) 715 - 3697 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. JIMENEZ Rea					
(Name of the Limited Linbility Compar (A Florida Limited L	iy as it now ai iability Compa	opears on our records. my))		
The Articles of Organization for this Limited Liability Company Florida document number $L21000318062$.	were filed or	July 12, 7	2021	and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity compan	y here:			
MICHAEL JIMENA	EZ, [LL			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company."	the designation "LLC"	or the abbrev	iation "l	L.L.C."
Enter new principal offices address, if applicable:	 		<u> </u>	202	
(Principal office address MUST BE A STREET ADDRESS)		N/A	CREI	<u> </u>	##
			<u> </u>	-0	= *# 240
Enter new mailing address, if applicable:				7 MH	4 1 3 3
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	N/A	Fri	1: 35	``tergo'
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on o	ur records, <u>enter tl</u>	he name of	f the ne	ew registere
Name of New Registered Agent:		N/N			
New Registered Office Address:	Ente	M/# r Florida street address			
<u></u>	NA	, Flor	ida	N/A	
	Chy			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 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
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ffective date, if other than the date of filing:	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	(optional)
lote: If the date inserted in this block does not meet the applicable statutory filing requ	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Lis filed.	earlier of: (b) The 90th day after the
Dated September 2 2021	
Pared September 2 2021	
Signature of a manshar are guillant and agree of a	nember
Signature of a member or authorized representative of a n	
MICHAEL A. JIMENEZ Typed or printed name of signee	