Florida Department of State Official Officer Confidence Officer of State Officer

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I2020000121 Phone : (770)928-2700 Fax Number : (888)772-8108

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOT REAL ESTATE LLC

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ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

TOT DEAL ESTATELLO

		STATE LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number <u>L21000329640</u>	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liab"	tity Company," the designation "LLC" or	The aboreviation "L.L.C."	
Enter new principal offices address, if applic	ahie:	4855 W HILLSBORO BLVD B3	202 1,	
(Principal office address MUST BE A STREE		COCONUT CREEK, FL 33073	SE	
			- 100 B	
Enter new mailing address, if applicable:		4855 W HILLSBORO BLVD B3		
(Mailing address MAY BE A POST OFFICE BOX)		COCONUT CREEK, FL 33073	S	
		And the survey of the Way gay of page 1 proper .		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			e name of the new registered	
New Registered Office Address:	4855 W HILLS	SBORO BLVD B3		
New Registered Office Maness.	• • • • • • • • • • • • • • • • • • • •	Enter Florida street address		
	COCONUT CREEK		Florida 33073 Zip Code	
N			Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propacter; the obligations of my position as registere; the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stared agent as p registered office change.	performance of my duties, and provided for in Chapter 605, F.S. address. I hereby confirm that i	I om familiar with and S. Or, if this document is the lanited liability	
	If Chai	iging Registered Agent, Signature of N	ew Registered Agent	

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
Title	Name	Address	Type of Action
MGR	OM MANAGEMENT LLC	1201 Orange Street #600	DAdd
		Wilmington, DE 19801	<u>₩</u> Remove
			El Change
AMBR	TURANO, PABLO N	4855 W HILLSBORO BLVD I	33 ≋Add
		COCONUT CREEK, FL 330	73 □Remove
AMBR	SCHIARITI, MARIA L	4855 W HILLSBORO BLVD	B3 =Add
		COCONUT CREEK, FL 330	73 □Remove
			Cl'hange
			□Add
			□Remove
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	Dated	$\frac{2022}{2}$
MARIA LORENA SCHIARITI		Signature of refinember or authorized representative of a member
ALANIA : LINEMA NI MIANIII	, , , , , , , , , , , , , , , , , , ,	SMA OGURA DITI