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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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February 24, 2023

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

**Articles of Amendment to Articles of Organization** Re:

To whom it may concern:

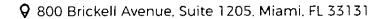
Please return the letter of acknowledgement to:

Luciana Carvalho 888 Brickell Key Dr. Unit 612 Miami, FL 33131

Day time phone # (786) 301-3020

Regards,

Luciana Carvalho















염 786.259.0001

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| Carvalho R                    | eal Estate Group, LLC                        |   |  |
|-------------------------------|--|---|--|
| SUBJECT:                      | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo    | ondence concerning this matter               | to the following:   |  |
|                               | Luciana Carvalho                             |   |  |
|                               |  | Name of Person  |  |
|                               | Carvalho Real Estate Grou                    | p, LLC  |  |
|                               |  | Firm/Company  |  |
|                               | 888 Brickell Key Dr., Unit                   | . 612   |  |
|                               |  | Address   | <u> </u>   |
|                               | Miami, FL 33131                              |   |  |
|                               |  | City/State and Zip Code   | • · ·  |
|                               | finance@carvalhocre.com                      |   |  |
|                               | E-mail address: (                            | to be used for future annual report noti                            | fication)  |
| For further information c     | oncerning this matter, please co             | all:  |  |
| Luciana Carvalho              |  | 786 301-3020  |  |
| Name o                        | f Person                                     | at ()<br>Area Code Daytim   | e Telephone Number   |
| Enclosed is a check for the   | 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 Addres Registration S |  | <u>Street Address:</u><br>Registration Se                           | ction  |
| Division of C                 | orporations                                  | Division of Cor   | porations  |
| P.O. Box 632                  | .7   | The Centre of T   | ananassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Carvalho Real Estate Group, LLC   |                                    |   |                    |            |             |
|---|------------------------------------|---|--------------------|------------|-------------|
| (Name of the Limited  | Liability Compa<br>Florida Limited | ny as it now appears on our<br>Liability Company) | records.)          |            |             |
| The Articles of Organization for this Limited Liab Florida document number L21000342256   | oility Company                     | were filed on July 28, 201                        | 21                 | _ and as   | signed      |
| This amendment is submitted to amend the follow   | ving:                              |   |                    |            |             |
| A. If amending name, enter the new name of t  | he limited liab                    | ility company here:                               |                    |            |             |
| Carvalho Commercial Real Estate, LLC  |                                    |   |                    |            |             |
| The new name must be distinguishable and contain the wor  | ds "Limited Liabi                  | lity Company," the designation                    | "LLC" or the abbre | viation "l | .IC."       |
| Enter new principal offices address, if applicat  | ole:                               | 800 Brickell Avenue                               |                    |            |             |
| (Principal office address MUST BE A STREET ADDRESS)   |                                    | Suite 1205  | (بر)<br>(۱۲) ہے۔   | 2023       |             |
|   |                                    | Miami, FL 33131                                   |                    | <b>#</b>   | 77          |
| Enter new mailing address, if applicable:   |                                    | 888 Brickell Key Dr.                              | 10 m               | R - 6      | m           |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                    | Unit 612  | יין ור.<br>ען ור   | . <b></b>  | <u></u>     |
|   |                                    | Miami. FL 33131                                   |                    | : <u>2</u> |             |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address<br>Name of New Registered Agent: |                                    |   | enter the name o   | of the ne  | w registere |
| Name of New Registered Agent:   |                                    |   |                    |            |             |
| New Registered Office Address:  | 888 Brickell Ke                    | ey Dr., Unit 612  Enter Florida street            | adduses            |            |             |
|   | Miomi                              | rmer rioriuu sireei                               |                    |            |             |
|   | Miami                              | City  | Florida            | Zip Code   |             |
|   |                                    | -210,7  |                    |            |             |

## 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  |
|--------------|------------------|---|-----------------|
| MGR          | Luciana Carvalho |   | □ Add           |
|              |                  |   | □Remove         |
|              |                  | 888 Brickell Key Dr., Unit 612, Miami, FL 33131 | <b>=</b> Change |
|              |                  |   | □Add            |
|              |                  |   | □Remove         |
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| Effective date, if other than the difference of an effective date is listed, the date must be a listed. If the date inserted in this block document's effective date on the Dep | k does not meet the applic     | able statutory filing r   | (optional than 90 days after file dequirements, this definition of the control of | al)<br>ing.) Pursuant to 605.0207 (<br>ate will not be listed as t |
| record specifies a delayed effective of is filed.   | date, but not an effective ti  | me, at 12:01 a.m. on      | the earlier of: (b)  | The 90th day after the   |
| Pebruary 24 Dated   | . 2023                         |                           |  |  |
|   | /                              | /                         |  |  |
| S   | ignature of a member or author | orizeli representative of | a member   |  |
| S   | ignature of a member or author | orized representative of  | a member   |  |

Filing Fee: \$25.00