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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: TNFO (a) SEABERLAWFIM. COM

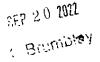
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAJADI INTERNATIONAL REALESTATE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAJADI INTERNATIONAL REALESTATE, LLC

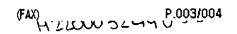
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Compa	ny)		
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000385048</u>	08/27/2021	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	y here:		
The new name must be distinguishable and end with the words "Limited Liability Company,"	'the designation "LLC" or the a	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 registered agent and/or the new registered office address here:	ил our records, <u>euter</u>	the name of 022 SE	the new
Name of New Registered Agent:		** = 1 TO	 -
New Registered Office Address: Enter	Florida street address	2 9 9	-ESS
	. Florida		CD.
City	, I toriua	Zip CoRN	
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

Page 1 of 3



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BF MANAGERS, LLC	2875 NE 191ST STREET	
		SUITE 801	🖪 Remove
		AVENTURA, FL 33180	
MGR	Berenice L. Carrasquedo	2875 NE 191ST STREET	🖹 Add
		SUITE 801	🗆 Remove
		AVENTURA, FL 33180	·
MGR	Javier F. Gonzalez	2875 NE 191ST STREET	_
		SUITE 801	Remove
		AVENTURA, FL 33180	
			[] Add
			□ Remove
			_
			Add
			Remove
			_
			□ Add
		1	_ Remove
			_

If amending any other information, enter change(s) here: (Attach additional)	tional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
Dated September 16th 2022	
Signature of a member or authorized representati	ve of a member
Berenice L. Carrasquedo	
Typed or printed name of signee	