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COVER LETTER

SUBJECT:	DEVELOPMENTS LLC		
-	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:	
	NOELIA M RAMOS ESQ		
		Name of Person	
	NOELIA M RAMOS PA		
		Firm/Company	
	PO BOX 227158		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI FL 33222		
		City/State and Zip Code	
	noclia@nramoslaw.com E-mail address: (1	to be used for future annual report notifica	tion)
For further information c	concerning this matter, please ca		
NOELIA M RAMOS		786 300-8117	
Name o	nt Person	at () Area Code Daytime To	elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed;
Mailing Addres	<u>ss:</u>	Street Address:	

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

TO:

Registration Section

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

SOCMIR DEVELPMENTS LLC

(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 Florida document number P21000076572	were filed on 08/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Tity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	C/O Barcelo Property Management	
(Principal office address MUST BE A STREET ADDRESS)	15800 Pines Blvd Ste 307	
15 THE PARTIES AND THE ASTREET APPRICAGE	Pembroke Pines, Fl 33027	
/ Enter new mailing address, if applicable:	C/O Barcelo Property Management	
(Mailing address MAY BE A POST OFFICE BOX)	15800 Pines Blvd Ste 307	
	Pembroke Pines, FI 33027	-
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	and the most in this assessments. I thurstone	
accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I as provided for in Chapter 605, F.S. C	n familiar with and)r, if this document is

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>	Name	Address	Type of Action
MGR	Barcelo Property Management	15800 PINES BLVD STE 307	= Add
		PEMBROKE PINES, FL 33027	[_]Remove
			[]Change
MBR	Donglas J. Jimenez Miranda	15800 PINES BLVD STE 307	🗀 Add
		PEMBROKE PINES, FL 33027	□Remove
			[]Clamge
MBR	Juana del Socorro Miranda	15800 PINES BLVD STE 307	Zi Add
		PEMBROKE PINES, FL 33027	□Remove
			The Change
			(JAdd
			∏Remove
			□Change
			∐Add
			LJRemove
			DChange
			Dadd

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ective	date, if other than the date of filing:
effecti <u>(e:</u> If)	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	's effective date on the Department of State's records.
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	$\frac{10/27}{1/4} \cdot \frac{2021}{4}$
	Signature of a phember or authorized representative of a member Signature of a phember or authorized representative of a member
	MICHUM MUCCOLL
	Signature of a diction of authorized representative of a member
	11 · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00