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Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: ITI Account Name : AGI REGISTERED AGENTS, INC. Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FMGL-4 LLC Certificate of Status 0 Certified Copy 01 Page Count \$25.00 Estimated Charge OCT 1 2 2021 S. PRATHEF

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ARTICLES OF AMENDMENT

| ARTICLES OF | ORGANIZATION OF | FILE OCT 11 ARETARY E AHASSEE |
|--|---|--|
| FMGL-4 LLC (Name of the Limited Limitity Com | nany as it now appears on our records.) | ILED 11 AM II: 29 ARY OF STATE SSEE, FLORIDA |
| (A Florida Limite The Articles of Organization for this Limited Liability Compar Florida document number 1.21000393124 | d Liability Company) | and assigned |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie 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 offic agent and/or the new registered office address here: | ce address on our records, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida sweet address | |
| | City , Florida | 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 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 (((H21000378089 3)))

| <u> [itle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|----------------|--------------------|----------------|
| MGR | Franco, Susanu | 17446 SW 48 Street | ≡ Add |
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| cord specifies a delayed effec s filed. | tive date, but not a | n effective tim | c. at 12:01 a.m. or | the earlier of: the | o) The 90th day after t |
| October 8 ed | ······································ | 2021 | | | ZUZ TALLJ |
| | Signature of a m | ember of Authors | and representative of | t a member | 2021 OCT |
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