To: 8506176383

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Division of Corporations

Fax Number (850)617-6383

From:

Account Name : MARKO & MAGOLNICK, P.A.

Account Number : I20050000186 Phone : (305)285-2000 Fax Number : (305)285-5555

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

Email Address: corporateservices@mm-pa.com

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From: 3052855555

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SV 130 ANTIQUERA GP, LLC			022 OFC 2
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears	s on our records.)	
The Articles of Organization for this Limited Liability Company	/ were filed on	17/2021	andæsigñêdî
Florida document number L21000413237			and signed 2
This amendment is submitted to amend the following:			27
A. If amending name, enter the new name of the limited liah	oility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		 .	
			
Para a 12 (C. 1)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered office a	address on our re	ecords, <u>enter the nam</u>	e of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
•		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Flori	da street address	
	Lyner 1 toris		
	City	, Florida	Zip Code
Nam Designand Ament's Company of the print Design of the control o	•		ыр Соав
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agricoryisions of all statutes relative to the proper and complete			

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

(((H22000429279 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Vilma, Jonathan P	3861 Park Avenue	□Add
		Miami, Fl 33133	■Remove
			Change
Mgr SAM VIL LLC	SAM VIL LLC	3861 Park Avenue	= Add
		Miami, FL 33133	□Remove
			□Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
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From: 3052855555

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Sective date, if other than the date of effective date is listed, the date must be tel. If the date inserted in this block cument's effective date on the Department's	e specific and cannot be prior to c does not meet the applical	date of filing or more than the statutory filing requ	(optional) n 90 days after (iling.) Pu irements, this date will	rsuant to 605.020 not be listed a
cord specifies a delayed effective d s filed.	ate, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
December 21	, 2022	-·		