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.

Electronic Filing Cover Sheet

(((H24000266973 3)))



H240002669733ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 THE LAST COMPANY LLC

Certificate of Status	0
Certified Copy	
Page Count	
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAST COMPANY LLC (Name of the Limited Lishifity Come	oans as it now appears on our record	<u> </u>	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<u></u> ,	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/25/2021	and assigned	
Florida document number 1.21000463476			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	othty Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
• • • • • • • • • • • • • • • • • • • •		•	
		2	
Enter new mailing address, if applicable:		€. CO + C	
		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	FICE BOX)		
		<u> </u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		
	, Flo	orida	
	Cits	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
СРА	DAVID BARBEITO	C/O 304 PALERMO AVE	_ Dadd
		CORAL GABLES, FL 33134	_ ■Remove
			□Change
Member/ Authorized Person	RAUL BEYRUTI	C/O 304 PALERMO AVE	≣Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			_ DAdd
			_ Remove
		ن ن ن	_ □Change _::
4-4-1-1-1-1-1			
			□Change
			_ DAdd
			_ i∃Remove
			DChange
			_ DAdd
			_ Пенюче

□Change

			 , - -				

			·				
				····			
							
						_ 	
						_ :	
						,	
						ਾਟਂਤ	
				······································	THE STATE OF THE S	<u> </u>	<u>-</u>
					구를	!	
			 		. Lų	6	,,
ffective date, if other than than effective date is listed, the date in	e date of filing	;			(optional)		
ote: If the date inserted in this b	block does not m	eet the applica	o date of filing o ble statutory f	r more than 90 da iling requireme	iys after filing.) I nts, this date w	'ursuant te ill not be	o 608,020 e listed a
ocument's effective date on the l	Department of Si	tate's records.					
record specifies a delayed effecti lis filed.	ive date, but not	an effective tin	ne, at 12:01 a.	m, on the earlie	r of: (b) The	90th day	after the
August 8		2024					
damliled							
		 		tive of a member			_

Typed or printed name of signee