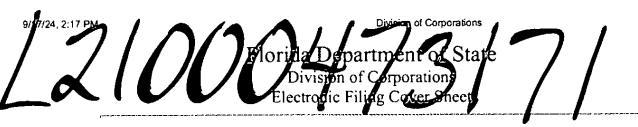
p.2



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.

(((H24000316753 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BARRON Account Number : 072627002473 : (305)856-2444 Phone : (305)860-2588 Fax Number

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

adam@katzbarron.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEJEUNE PROPERTY LIVING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 1 8 2024

ARTICLES OF AMENDMENT TO



Lejeune Property Living 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 were filed on November 2, 2021 and assigned Florida document number L21000473171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 645 Madeira Avc. Enter new principal offices address, if applicable: Coral Gables, FL 33134 (Principal office address MUST BE A STREET ADDRESS) 645 Madeira Ave. Enter new mailing address, if applicable: Coral Gables, FL 33134 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Nancy Pastor Name of New Registered Agent: 645 Madeira Ave. New Registered Office Address: Enter Florida street address Florida 33134 Coral Gables City

ARTICLES OF ORGANIZATION OF

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

p.4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MOR	Joseline Pereira	1805 PONCE DE LEON BLVD., ≱100	□ Add
		Coral Gables, FL 33134	≅ Remove
			Ci Change
MGR	Nicolas Jaramillo	1735 Ponce de Leon Blvd.	DAdd
		Coral Gables, FL 33134	BRomove
			Change
MGR	Nancy Pastor	645 Madeira Ave,	□ Add
		Coral Gables, FL 33134	□Remove
			⊜Change
			□ Add
			ORemove,
			□ Retriove
			Change
			□ Add
			□Remove
			D -

p.5

		14	والم
		1	
		<u> </u>	- \
		<u> </u>	
			.·.
			-
			-
			_
			-
			-
			-
			-
			-
		·- <u>-</u>	-
		•	
Tec:	ctive date, if other than the date of filling:	(optional)	
ග ජ	effective data is listed, the date must be specific and cannot be prior to date of filing or more the if if the date inserted in this block does not meet the applicable statutory filing requestring requests affective date on the Department of State's records.	in 90 days after filing.) Proment to 60 iircments, this date will not be its	15.0207 (3) tied as the
ote:	•		
ote: cur			
ote: ocur reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	carlier of: (b) The 90th day aft	er the

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signes

Adam Schucher, Beq.