9/7/22, 9:56 AM

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Florida Department of State

Pission of Corporations

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: (850)617-6383

From:

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Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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LLC AMND/RESTATE/CORRECT OR M/M/G RESIGN

SEA OF SILVER HOMES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA OF SILVER HOMES LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 11/	/16/2021 and assign	ed
Florida document number L21000492663	:	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
· · · · · · · · · · · · · · · · · · ·	:	
The new name must be distinguishable and end with the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.	7
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
7.5	<u> </u>	
Enter new mailing address, if applicable:	:	
(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 EE	the new
registered agent and/or the new registered office address here:	CRE LAH	
Name of New Registered Agent:	15 L	≥
New Registered Office Address:		0.0
Enter Floria	da street åddress	
City	Florida 🔀	
New Registered Agent's Signature, if changing Registered Agent:	Žip Code	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Maria Belen Gandolfo	9 DE JULIO 2371 PISC) 1 ■ Add
		MAR DEL PLATA, BA 7600	
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D. If am	nending any other information, enter change(s) h	ere: (Aisach additional sheets, if necessary.)	T00 (0
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(The ci	ctive date, if other than the date of filing: ffective date must be specific, cannot be prior to date of receipt (date this document is filed by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after	
	September 6 2022		
	Monde	32	
	Maria Belen Gandolfo	ithorized representative of a member	

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Typed or printed name of signee