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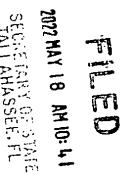
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COVER LETTER

TO:

Registration Section

Division of C	orporations					
	azaar Two LLC					
SUBJECT:	Name of Lim	ited Liability Company	·····			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Masoud Shojaee				
		Name of Person				
		Shoma Bazaar Two LLC				
		Firm/Company				
	201	l Sevilla Avenue, Suite 300	,			
		Address				
	Coral	Gables, Florida 33134				
		City/State and Zip Code				
		to be used for future annual report no	tification)			
For further information	concerning this matter, please c	all:				
Frank Silva, Esq.		786 437-8658				
Name	of Person	at () Area Code Daytii	me Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration		<u>Street Address:</u> Registration S	ection			
Division of P.O. Box 63	Corporations	Division of Corporations The Centre of Tallahassee				
Tallahassee		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 18 AM 10: 41

Shoma Bazaar Two LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on $\frac{12/17/2021}{}$ and ass	igned			
Florida document number <u>L21000531236</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
Shoma Bazaar at Shoma Village LLC					
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are contained to the words and Contain the words are contained to the words are contained t	ity Company," the designation "LLC" or the abbreviation "L	L.C."			
Enter new principal offices address, if applicable:	411 Hialeah Drive				
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL 33010				
	· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
Thursday the state of the state					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the nev</u>	<u>v registered</u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar wit provided for in Chapter 605, F.S. Or, if this docu	h and ment is			

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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		Si	gnature of a n	nember or author	ized representat	ive of a member			

Filing Fee: \$25.00