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SECRETARY OF STATE

A. BUTLER

COVER LETTER

TO: Registration Division of C		•	
	REAL ESTATE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MICHEL DE AMORIM		
		Name of Person	
	DRUMMOND CONSULT	TING LLC	
		Firm/Company	
	601 Brickell Key Drive, S	uite 901	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	compliance@drummondad		
		to be used for future annual report no	ification)
For further information	n concerning this matter, please c	all:	
MICHEL DE AMOR	IM	781 770 0005 at ()	
Nam	e of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check fo	r 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 Add Registration		Street Address: Registration So	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 6		The Centre of	
ramanassec	r, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION FEB 28 AM 6: 40 OF GEORGE

SECRETARY OF STATE TALLAHASSEE, FL

SICAR REAL ESTATE LLC				_
(Name of the Limite)	d Liability Compar A Florida Limited L	ny as it now appears on or iability Company)	ir records.)	
The Articles of Organization for this Limited Lia Florida document number L21000531672				and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE)	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	ddress on our records	, enter the name	of the new regis
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre		
ACM VERBICION OTHER MANAGES		enier riorida kirk	LI (MAGUET)	
ACM VERIMINA OTHER VARIANCE			. Florida	

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

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Carlos Jose Rivera Alcade	AV CHAMISERO 13492 C10	
		COLINA, ST 93400-00 CL	🖼 Remove
			Change
			□Add
			□Remove
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he 90th day after the reco				
The 90th day after the reco		_·		
record specifies a delayed	epartment of State's records.	able statutory filing requ	urements, this date will not b	oe lis