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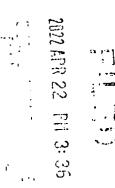
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COVER LETTER

ТО:	Registration Section Division of Corpor					
SUBJE	CT: <u>Milagros Gom</u>	ez Munoz				
			ted Liability Company			
The enc	losed Articles of Am	endment and fee(s) are subi	nitted for filing.			
Please i	eturn all corresponde	nce concerning this matter t	to the following:			
		Milagro	s Gomez Munoz			
			Name of Person			
		Milagros C	Somez Munoz, P.A.			
			Firm/Company			
		15751 Sh	eridan Street, #228		en [7 0.
			Address			<u> </u>
		Fort Lau	iderdale, Fl 3333			9977 KFR 22
			City/State and Zip Code		•	
	_		@mgmpalaw.com to be used for future annual report notifi	Saint:		-0
For furt	her information conce	erning this matter, please ca	·	cation)	: 1	ယ္ ယ
	Millie Name of Pe	Munoz rson	at (<u>305</u>) <u>310-0667</u> Area Code Daytime	Telephone Number		
Enclose	d-is-a-check for the fo	ollowing amount:				
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)		Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERMAR DEVELOPMENT AND INVESTMENT, LLC

(Name of the Limited I	iability Comp.	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L21000533311</u> .	lity Compan	y were filed on	and assigned ्ट्र
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited lia	bility company here:	
The new name must be distinguishable and contain the words	s "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET AL	DDRESS)	9055 SW 73rd Ct. Metropolis, Apt. 910 Miami, FL 33156	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0	9055 SW 73rd Ct. Metropolis, Apt. 910 Miami, FL 33156	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address ho		er the name of the new
-	Miami,	City, State	33156 Zip Code
New Registered Agent's Signature, if changing Regi	<u>istered Agen</u>	<u>L</u>	

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

C. If being ad	amending Authorized Person ded or removed from our rec	n(s) authorized to manage, <u>enter the title, name, and address o</u>	f each person
	Manager Authorized Member		
Title	Name	<u>Address</u>	Type of Action
D. If am	ending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)	
			
-			
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E E8.			
(If an eff Note:	ive date, if other than the dat lective date is listed, the date must be If the date inserted in this block lent's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pur does not meet the applicable statutory filing requirements, this date will	rsuant to 605,0207 (3)(b not be listed as the
Dated	April_ 05 _, 2022.		
		Maria Alcira Martinez De Ferrer	·

Page 2 of 2

Signature of a member or authorized representative of a member