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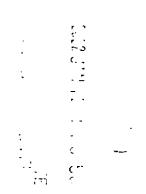
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|---|---|
| 810 SKY I | LAKE COURT LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | •• |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FRANK VASALLO ESQ | | |
| | | Name of Person | |
| | VASALLO & VASALLO | PA | |
| | | Firm/Company | |
| | 8796 SW 8 ST | | |
| | | Address | |
| | MIAMI, FL 33174 | | |
| | | City/State and Zip Code | |
| | FRANK@VASALLOPA.C | OM to be used for future annual report not | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| For further information of | rmail address; (concerning this matter, please c | · | meanon) |
| | | | |
| FRANK A. VASALLO, | , ESQ | 305 224-8900 at () | ne Telephone Number |
| Name o | of Person | Area Code Daytin | ne Felephone Number |
| Enclosed is a check for t | he 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 tadditional copy is enclosed |
| Mailing Addres | | Street Address: | |
| Registration : Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | | The Centre of T | • |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

810 SKY LAKE COURT 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 $\frac{01/06/2022}{1}$ and assigned Florida document number _ 100379145781 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 810 SKY LAKE CIRCLE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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. Thereby 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> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the dian effective date is listed, the date must lotte: If the date inserted in this blocoument's effective date on the Dep | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as a |
| record specifies a delayed effective Lis filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated JANUARY 7 | 2022 |
| | |
| | Signature of a member or authorized representative of a member |
| | , |
| VICTOR MANUEL ROS | SALES AVENDANO |

Filing Fee: \$25.00