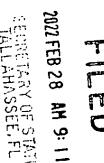
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| PICK-UP | WAIT | MAIL |
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| MIAMI GARDENS NW 27TH A' | VE LLC | |
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| | | Art of Inc. File |
| | _ | LTD Partnership File |
| | - | Foreign Corp. File |
| | - | L.C. File |
| | - | Fictitious Name File |
| | _ | Trade/Service Mark |
| | _ | Merger File |
| | - | Art, of Amend, File |
| | _ | RA Resignation |
| | _ | Dissolution / Withdrawal |
| | _ | Annual Report / Reinstatement |
| | | Cert. Copy |
| | _ | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| | | Officer Search |
| | | Fictitious Search |
| | | Fictitious Owner Search |
| Signature | | Vehicle Search |
| | | Driving Record |
| Requested by: | | UCC 1 or 3 File |
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| Walk-In Will Pick Up | p | Courier |

COVER LETTER

| Division of Co | | | | | | |
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| cildivet. | MIAMI GARDE | NS NW 27TH AVE LLO | С | | | |
| SUBJECT: | | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | | | |
| | | Angel Francisco Conc | dom | | | |
| | Name of Person | | | | | |
| | An | gel Francisco Condo | m, PA | | | |
| | | Firm/Company | | | | |
| | 2750 | NE 185th Street, St Address | uite 200 | | | |
| | | Aventura, Florida 33 City/State and Zip Code | 180 | | | |
| | | Office@afc-pa.con | n | | | |
| | E-mail address: (| to be used for future annual repor | | | | |
| For further information (| concerning this matter, please c | all: | | | | |
| Angel Fran | csisco Condom | | 01-0008 | | | |
| Name (| of Person | Area Code Da | aytime Telephone 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 (sidditional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Regist Divisi P.O. B | LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations .ng ve Conter Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MIAMI GARDENS NW 27TH AVE 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 Co. | | | _ |
|--|--|------------------------|----------------------|
| | | uary 10, 202 | 2 and assigned |
| Florida document number L2200017 | 5100 | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the design | nation "LLC" or the at | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRE | <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 agent and/or the new registered office addresses | | records, <u>ciner</u> | |
| Name of New Registered Agent: | Angel Francisc | o Condom, P. | |
| Name of New Registered Agent: | Angel Francisc | | A. |
| | | Street, Suite | A. |
| Name of New Registered Agent: New Registered Office Address: | Angel Francisco 2750 NE 185th Enter Florida: Aventura City | Street, Suite | A. 200 |
| Name of New Registered Agent: | Angel Francisco 2750 NE 185th Enter Florida: Aventura City | Street, Suite | A |

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 |
|--------------|-----------------|-------------------------------|----------------|
| _MGR_ | Raquel Vaisberg | 17749 Collins Avenue, Apt 340 |)1 ■ ∧dd |
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| n offective te: If th | late, if other clate is listed, t c date inserted c effective date | he date must be I in this block | specific and does not me | cannot be prio | cable statute | ing or more th | an 90 days a | otional) fter filing.) Pur this date will | suant to 605.020 not be listed a |
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Page 3 of 3

Filing Fee: \$25.00