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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	;		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1519 SW 22ND TERRACE, LLC

Certificate of Status	0
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Page Count	04
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APPROVED AND FILED

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416 23 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1519 SW 22nd Terrace, LLC		•					
(Name of the Lim	ted Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited 1 Florida document number L22000036190	Liability Company	were filed on 02/01/2022	and assigned				
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if appli	cable:	3173 Florida Avenue					
(Principal office address MUST BE A STRE		Miami, FL 33133					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3173 Florida Avenuc Miami, FL 33133					
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, enter the na	me of the new registered				
Name of New Registered Agent:	EHLERS, PAE	BLO					
New Registered Office Address:	3173 Florida A	venue Enter Florida street address	FILED PILED 22 AM SSEI F				
	Miami	Florida ³	$-\psi$				

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.

Cin

Lauren Underwood, Attorney-in-Fact

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

Title	<u>Name</u>	Address	Type of Action
AMBR	PABLO EHLERS	3173 Florida Avenue	
		Miami, FL 33133	Remove
			≅ Change
VP	PABLO EHLERS	3173 Florida Avenue	∃Add
		Miami, FL 33133	Remove
			□Change
			□ Remove
			☐ Change
			□ Add
			□Remove
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document's effect	tive date on the I	Department of	f State's rec	ords.					
ne record specifies	a delayed effecti	ve date, but n	ot an effect	ive time,	at 12:01 a.	m, on the e	arlier of: (b)	The 90th d	lay after the
ord is filed.									
Anonet 2			2022						
Dated			-,						
Dated August 22	un Helen								
		Signature of	a member or	authorize	l representa	tive of a men	nber		
		-							
PAB	O EHLERS, AN	1BR, By: Lau			omey-in-F me of signs				

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