(shown below) on the top and bottom of all pages of the document.

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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JDM OVIEDO, LLC

Certificate of Status	0
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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JDM Oviedo,			_	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r (tecords.)	-	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{1/27/2022}{}$	: 	_ and assigne	d
Florida document number L22000072840	,				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designati	on "LLC" or the abbre	viation "L.L.C."	•
Enter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE		1314 E. Las Olas Blvd	.,#1111		<u>2</u> 2
		Ft. Lauderdale, FL 333	01		~~ <del>**</del>
				# 17 mm	<u> </u>
Enter new mailing address, if applicable:				و المنظم الم المنظم المنظم	2
(Mailing address MAY BE A POST OFFICE BOX)		1314 E. Las Olas Blvd	., #[[[]	ر بر ا رت ب	7
		Ft. Lauderdale, Fl. 33.	301		بب
					0
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our record	s, enter the name	of the new re	gister
Name of New Registered Agent:	Ortsac Management, LLC				
New Registered Office Address:	1314 E. Las Olas Blvd., #1111				
		Enter Florida stre	eet address		
	Ft. Lauderdale		Florida	1	
		City	<del></del>	Zip Code	

## 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.

Kobert Castro

DocuSign Envelope ID: AC6EDF24-9D9B-4774-9937-BC1C1F8C220F
11 amenung Authorized rerson(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	Ortsac Oviedo, LLC	1314 E. Las Olas Blvd., #1111	
		Ft. Lauderdale, FL 33301	Remove
		·	Change
PRES	David A. Egozi	1132 Kane Concourse, Suite 202	
		Bay Harbor Islands, FL 33154	Remove
		÷·	□Change
			2022 HAY - 2 PM 3: 0
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effective date is listed, the date must b te: If the date inserted in this bloc	e specific and cannot be prior to k does not meet the applica	o date of thing or n ble statutory filin	g requirements, this d	ate will not be listed:
ument's effective date on the Dep	artment of State's records.	-		
cord specifies a delayed effective o	date, but not an effective tin	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
s filed.				
	2022			
ed		<u> </u>	DocuSigned by:	
			Robert Castro	
			SABBEDIBBAE44AA	
<del></del>	ignature of a member or autho	rized representativ		

Filing Fee: \$25.00