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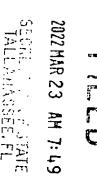
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cf 4/9/2022

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	FONTAN	ER WOOD LLC		
JOBSECT,	Name of Lin	nited Liability Company	<u>. </u>	
The england Astalon of	· A	10		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
		ARTURO MARTINEZ		
		Name of Person		
		PRESIDENT		
	-	Firm/Company		
	2950	NE 188 TH STREET #101		
		Address		
		MIAMI, FL 33180		
City/State and Zip Code				
	E-mail address: (to be used for future annual report not	itication)	
For further information of	oncerning this matter, please c	all:	·	
ARTURO M	ARTINEZ	305 591-0116		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 (additional copy is enclosed)	
Mailing Addres Registration S		Street Address:	otio =	
Division of C		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	NTANER WOOD		2022 MAR 23 AM 7: 49
(Name of the Limit	ed Liability Compa A Florida Limited	inv as it now appears on o Liability Company)	SECRET OF STATE TALEAMASSEE, FL and assigned
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{02/25/20}{}$	22 ALL/MASSEE.FL and assigned
Florida document number L22000101419	·		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
FONTANAR WOOD LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREE	<u>r Address)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida str	eet address
	N/A		, Florida
		City	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.

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>	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
			🗀 Remove
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			Remove
			□Change
N/A	N/A	N/A	🗀 Add
			□Remove
			Change
N/A	N/A	N/A	
			Change
N/A	N/A 	N/A	DAdd
			□Remove
			□Change

N/A					
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·					
					
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Affective date, if other that an effective date is listed, the date. If the date inserted in document's effective date on	ite must be specific ar this block does not	nd cannot be prior to meet the applical	o date of filing or more ble statutory filing r	(optional) than 90 days after filing equirements, this date) Pursuant to 605.0207
record specifies a delayed e d is filed.	ffective date, but no	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
MARCH 15 Dated		2022			
	•	'ATAP	-·		
		4 75'M/ }			

Typed or printed name of signee