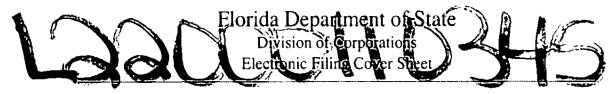
1/16/25, 2:51 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000019713 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE 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:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAS CONDESAS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim | (A Florida Limited | ny as it now appears on our record Liability Company) | <u>(s.)</u> |
|--|----------------------------------|--|-------------------------------|
| The Articles of Organization for this Limited L Florida document number L22000110345 | Liability Company | were filed on | 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 "11 C | " or the abbreviation "LLC" |
| Enter new principal offices address, if appli | | 7901 4th St N #25380 | of the wood visition is seen. |
| (Principal office address MUST BE A STREI | | St. Petersburg, FL. 33702 | 2025 |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7901 4th St N #25380 | · 45 Th |
| | | St. Petersburg, FL, 33702 | 7 0 |
| | | | . N |
| B. If amending the registered agent and/or agent and/or the new registered office addresses. | | nddress on our records, <u>enter</u> | the name of the new regis |
| Name of New Registered Agent: | Corporate Creations Network Inc. | | |
| New Registered Office Address: | 801 US Highwa | ау 1 | |
| | | Enter Florida street addres. | s |
| | North Palm Bea | ach , Flo | orida <u>33408</u> |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

15612148442

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.

| /s/ Kunning Chen | Special Secretary |
|----------------------------|---------------------------------------|
| If Changing Registered Age | nt. 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> | Name | Address | Type of Action |
|--------------|--|--------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | <u></u> | ☐Change |
| | - Committee of the Comm | | □ Add |
| | | | □ Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | Remove | |
| | | | □Change |
| | | | □Add |
| | . | □Remove | |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | | · · · · · · · · · · · · · · · · · · · | |
|---|---------------------------------------|--|--|
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | • |
| | | | |
| Effective date, if other than the difference date is listed, the date must Note: If the date inserted in this bloc document's effective date on the Department. | ck does not meet the applica | o date of filing or more than 90 d ble statutory filing requireme | _ (optional) lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as |
| he record specifies a delayed effective ord is filed. | date, but not an effective tin | ne, at 12:01 a.m. on the earlie | er of: (b) The 90th day after the |
| Dated | 2025 | _• | |
| /s/ Kunning Chen | | | |
| S | ignature of a member or author | ized representative of a member | <u> </u> |
| Kunning Chen, Attorney- | in-Fact | | |
| | | name of signee | |

Filing Fee: \$25.00