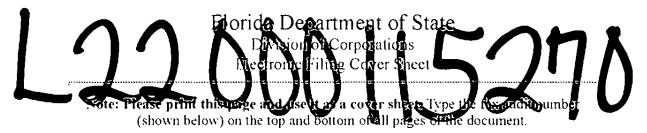
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Division of Corporations



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Division of Corporations

Email Address:\_\_

Fax Number : (850)617-6383

From:

Account Name : CAPOTE & CAPOTE, P.A.

Account Number : I19990000052 Phone : (305)374-1555 Fax Number : (305)374-0908

 $\maltese$  Enter the email address for this business entity to be used for future

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 996SW143 PROPERTY, LLC

annual report mailings. Enter only one email address please.\*\*

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SEP 1.7-2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \* \* \*\* OF ..

(No. 20. 26. 4 to 12. 20. 11. 12. 1	3					
(Aire of the Limited Lian (A Flor	oflity Company as it now appears on our recorded Limited Liability Company)	<u>·ds.</u> )				
The Articles of Organization for this Limited Liability	Company were filed on (03/21/2022)	and assigned				
Florida document number L22000115270	······································					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability company here:					
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L 1, C "				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	ORESS)					
		202				
		200 <b>H 19</b>				
Enter new mailing address, if applicable:		, T				
(Mailing address MAY BE A POST OFFICE BOX)		7 7 7				
		지역 로 10				
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	r the name of the new register				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street addre	SS				
		lorida				
	Cuy	Zıp Code				
New Registered Agent's Signature, if changing Register	red Agent:					
hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a peing filed to merely reflect a change in the register	complete performance of my duties, a agent as provided for in Chapter 605,	ind I am familiar with and F.S. Or. if this document is				

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
MGR	Hansel Salgado	12302 NW 11th Street, Miami, FL 33182	ClAdd
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