Division of Corporations

Florida Department of

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000157 Phone : (305)377-0809 Fax Number : (305)377-0781

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PT MIRAMAR, LLC

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JUN - 3 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PT MIRAMAR, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000119723</u>	pany were filed on March 23, 2022	and	l assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviatio	n "L L.C	
Enter new principal offices address, if applicable:		_		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the nar</u>	ne of the	new re	egistere
Name of New Registered Agent:		: - : -	- MUL	-
New Registered Office Address:		:	ယ 	
·	Enter Florida street address	-	<u> </u>	, ,
	, Florida	Zip C	t S	

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>	Address	Type of Action
MGR	Paola Guilliod Turnier	718 Valencia Ave	□Add
		Suite 201	≅Remove
		Coral Gables, FL 33134	
MGR	Emmanuela Paola Turnier Guilliod	718 Valencia Ave	bbA⊞
		Suite 201	
		Coral Gables, FL 33134	Change
			[] Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change
			
			□Remove
			☐ Change
			□Add
			□Change

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an effective date ote: If the dat	f other than the date of s listed, the date must be speci inserted in this block does tive date on the Departmen	ific and cannot be prior s not meet the applic	r to date of filing or n cable statutory filit	(option nore than 90 days after fi ng requirements, this c	ling.) Pursuant to 605.0207
record specifie Lis filed.	a delayed effective date, b	out not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
June 3		2922			

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