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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3280

Fax Number : (305)789-4137

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

Email Address: julie@masgroupcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAGYU, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAGYU, LLC				
(Name of the Limited Liability Comp (A Florida Lumied	any pa le now appears on our records.) Liubility Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000130410	y were filed on 03/30/2022	and a	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited link	pility company hero:			
The new name must be distinguishable and contain the words "Limited Lieb	ility Company," the designation "LLC" or the ab	brevinion "	LLC."	_
Enter new principal offices address, if applicable:			202	
(Principal office address MUST BE A STREET ADDRESS)		= 5:	77	_
		:-	20	
	· · · · · · · · · · · · · · · · · · ·		+	
Enter new mailing address, if applicable:		· .		
(Mailing address MAY BE A POST OFFICE BOX)		()	T.	_
			£	_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the no	ny regis	stored
Name of New Registered Agent:				
New Registered Office Address:	W			_
7,132,132	Enter Florido sireet oddress			
	, Florida			
	Clo	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for provided for in Chapter 605, F.S. Or. i	oniliar wi if this doc	th and	

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	Name	Address	Type of Action
MGR	Juan Carlos Mas	2990 Ponce de Leon Bivd.	≘ ∧dd
		Suite \$00	Remove
		Cornl Gables, FL 33134	OChange
MGR	Joff Kurter	2990 Puince de Leon Blvd.	
		Suite 500	_
		Comi Gabios, FL 33134	
			□Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			Change
 -			□Add
			□Remove
			□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
	
	
	
·	
ument's effective	ther than the date of filing:
cord specifies a de itiled.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed: April 4	(f022)
	Signature of the second of
	Signature of a member or authorized representative of u member
	TURN CAPLOS MAS Typed or printed name of signec

Filing Fce: \$25.00