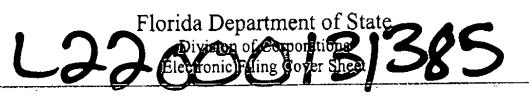
Division of Corporations



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.

(((H22000127555 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 : SETH Z JOSEPH, P.A.

Account Number : 120220000035 : (305)445-5383 Phone : (305)445-5384 Fax Number

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 KANIBAL 20, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

55

<u>::</u>

H22000127555 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limitec	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000131385</u>	y were filed on 03/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
-	e address on our records, enter th	e name of the new register

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Martina Majone	255 Alhambra Circle, Suite 600	□Add
		Coral Gables, FL 33134	■Remove
		USA	☐ Change
MGR	Martina MAIONE	255 Alhambra Circle, Suite 600	■Add
		Coral Gables, FL 33134	□Remove
		USA	□ Change
			□ Add
			□Remove
			Change
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
H2200	0127555 3		Changa

Н	כו	7	Λ	n	n	1	2	7	ς	ς	5	3
		_	v	u	v	_	4	•	_	_	_	~

-		
_		
_		
_		
_		
_		
_		
_		
	(and and)	
lf an effec <u>Note:</u> Ii	e date, if other than the date of filing:	:07 as
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th l.	ıe
Dated _	4/1/ 2022	
	4/1/2022 July Signature of a member or authorized representative of a member	
	Signature of a thember or authorized representative of a member Sent 2 Saph Typed or printed name of signee	