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Division of Corporations



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

C-~ (1)	Address:			
rmaii	AUDI 622.			 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIMOSA 4747 COLLINS 809 LLC

Certificate of Status	0
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From: Lexus Wingo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022-04-05 15-31:39 CST

MIMOSA 4747 CC	OLLINS 809 LLC			
(Name of the Limited Lizbility Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000133699				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	990 Biscayne Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Out - 401			
	Miami, FL 33132			
Enter new mailing address, if applicable:	990 Biscayne Blvd			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 503			
	Miami, FL 33132			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida	istere		
	\sim \sim \sim \sim \sim \sim \sim			
New Desistered Agent's Signature, if changing Registered Agent	. N			

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:

From: Lexus Wingo

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Andrew Gurewitsch	990 Biscayne Blvd	□Add
		Suite 503	[]Remove
		Miami, FL 33132	■Change
			□Add
			Change
			DAdd
			□Remove
			Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Change

From: Lexus Wingo

. If amending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department of	ing:(optional) and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (in meet the applicable statutory filling requirements, this date will not be listed as the fister of State's records.
the record specifies a delayed effective date, but neord is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 4	2022 J.M. M.
Signanheof	Ta member or authorized representative of a member
Jack M. Maag, Authorized Represe	intative
	Typed or printed name of signee