6/2/22, 10:47 AM

Division of Corporations



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(((H22000192956 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : 120030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

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

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H220001929563

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Compa- (A Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company were filed on 04/05/2022 Florida document number 1.22000141117				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	1 "LLC" or the abbreviation "L.L.C.	<u></u>
Pater and adjust offices address if and	140 NE 39TH STREET			
Enter new principal offices address, if appl (Principal office address MUST BE A STRE		STE 241		
(Principal office address most m. A stre	MIAMI, FL 33137			
Enter new mailing address, if applicable:		400 SUNNY ISLES BL	VD.	
Mailing address MAY BE A POST OFFICE	UNIT 1604			
muning www.css.mm. 1 1923 1 1 0 5 1 1 1 1 0 c	SUNNY ISLES BEACH	1, FL 33160		
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	address on our records, DO HERRERA MEJIA	enter the name of the new re	egister
Name of New Registered Agent:	400 SUNNY ISLES BLVD, UNIT 1604			
New Registered Office Address:		Enter Florida street	address	
	SUNNY ISLES	S BEACH	, Florida 33160,	
		City	Zip' Cod	

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 Changing Registered Agent, Signature of New Registered Agent

From: eFar

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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	HERRERA MEJIA, JUAN RICARDO	400 SUNNY ISLES BLVD	= Add
		UNIT 1604	□Remove
		SUNNY ISLES BEACH, FL 33160	
MGR	TUNDO, MASSIMO		∐Add
			Remove
			□ Change
MGR	ELISABETTA, CALLEGARO M		🗀 Add
			Remove
			🗆 Change
			□Remove
			□Add
			□Remove
			🗀 Add
			□Remove
			□Change

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II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
•	
Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	JUNE 1 2022
	Signature of a member or authorized representative of a member
	JUAN RICARDO HERRERA MEJIA