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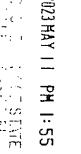
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	VIII

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5/16/23



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
SUBJECT:	thereal	9549 LLC	o ;
	Name of Edition	ned Limenty Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Yoan	M Wen	70
		Firm/Company	<u> </u>
	1150 NI	W72 AVE	± ± 510
	Miane	Address Address City/State and Zip Code ML Service o be used for future annual report noti	3126
	info@	ML Service: o be used for future annual report noti	S • COYY
For further information of	concerning this matter, please ca		
Robe Name o	ert Herrei	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$.\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
P.O. Box 632	<u> </u>	ine Centre of 1	ananassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ethereal a		<u>C</u>			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)		<u> </u>	
The Articles of Organization for this Limited Liability C Florida document number <u>L2200015</u>	Company were filed on O_457	3/28/22	;	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim YML Properties & The now name must be distinguishable and contain the words "Lim	2 LLC		ie abbrevia	ation "L.1	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)		= :	202	
				BMAY I	
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	: -:11
(Mailing address MAY BE A POST OFFICE BOX)			\$50 s	_==	
			77	 : -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	ecords, <u>enter the n</u>	ame of (the new	registerec
Name of New Registered Agent:					
New Registered Office Address:	Enter Flori	ida street address			
		, Florida			
	City	1 10/10/4		p Code	

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
469	Your M Lovenz	0 1150 NW 72 AU	<u></u> _□Add
	(Suite 510	□Remove
		0 1150 NW 72 Au Suite 510 Miamo fl 33126	\ Change
			□Add
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(If an effe Note:	ve date, if other than the date of filing: (optional) (optional)
he record ord is file	I 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 ed.
Dated_	May 1.2023.
	O Separate of the separate of
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00