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T. MATTHEWS JUN 15 2022

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	PYRAMID LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PHILIP JOSEPHSON			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	STERLING BUSINESS I	AW		
	_	Firm/Company		
	3250 GRAND AVENUE.	SUITE 202		
		Address	- 	
	MIAMI, FL 33133			
		City/State and Zip Code		
	pjosephson@sterlingbusine			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
PHILIP JOSEPHSON		305 2857970		
Name c	of Person	at () Area Code Daytir	me Telephone Number	
Enclosed is a check for t	ne 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 Addre		Street Address:		
Registration			Registration Section	
Division of C	•	Division of Co		
P.O. Box 632		The Centre of		
Tallahassee.	PL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 25 AM 9: 17

If amending name, enter the new name of the limited liability company here: In enew name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Inicipal office address MUST BE A STREET ADDRESS) SUITE 615 FORT LAUDERDALE, FL 33304 Iter new mailing address, if applicable: Suite 615 FORT LAUDERDALE, FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent.	FALCON PYRAMID LLC		
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Iter new principal offices address, if applicable: Inicipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Iter new mailing address, if applicable	(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: dincipal office address MUST BE A STREET ADDRESS) SUITE 615 FORT LAUDERDALE, FL 33304 ter new mailing address, if applicable: diling address MAY BE A POST OFFICE BOX) SUITE 615 FORT LAUDERDALE, FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new registered address on our records, enter the name of the new registered.	The Articles of Organization for this Limited Liability Company Florida document number <u>L22000151111</u> .	were filed on MARCH 29, 2022 and assigned	
ter new principal offices address, if applicable: tincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: functional office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: functional office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: functional office address MUST BE A STREET ADDRESS) functional office address MUST BE A STREET ADDRESS FORT LAUDERDALE, FL 33304 functional contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" SUITE 615 FORT LAUDERDALE, FL 33304 functional contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" 408 NE 6th STREET SUITE 615 FORT LAUDERDALE, FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered agent and/or registered office address on our records, enter the name of the new registered agent and/or	his amendment is submitted to amend the following:		
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SUITE 615 FORT LAUDERDALE. FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new registered.	nter new mailing address, if applicable:	408 NE 6th STREET	
FORT LAUDERDALE, FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new regis		SUITE 615	
		FORT LAUDERDALE, FL 33304	
	Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	SUITE 615 FORT LAUDERDALE, FL 33304	
	Name of New Registered Agent:		
Name of New Registered Agent:	New Registered Office Address:	Enter Florida sovet address	
New Registered Office Address:		Florida	
New Registered Office Address: Enter Florida Societ address		City Zin Coda	

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>	<u>Address</u>	Type of Action
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Effective date, if other than the	date of filing:	(optional)
(If an effective date is listed, the date mus	st be specific and cannot be prior to clock does not meet the applicable	late of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(be statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 19, 2022	2022	
	/	•
	′ <u>-</u>	

Filing Fee: \$25.00

Typed or printed name of signee