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| TO: | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|---|---|--|
| CHIBECA | | venue, LLC | | |
| SUBJEC | CT: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | Luca Di Nunzio | | |
| | | | Name of Person | |
| | | Dorcey Law Firm | | |
| | | | Firm/Company | |
| | | 10181 Six Mile Cypress P. | kwy, Suite C | |
| | | | Address | |
| | | Fort Myers, FL 33966 | | |
| | | | City/State and Zip Code | |
| | | support@dlfregisteredagent | t.com to be used for future annual report not | (figntion) |
| For furth | her information co | oncerning this matter, please c | · · | incanon) |
| Luca D | i Nunzio | | 239 308-1073 | |
| | Name of | Person | Area Code Daytin | ne Telephone Number |
| Enclose | d is a check for th | e following amount: | | |
| ≡ \$ 25 | .00 Filing Fee | S30.00 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 CCT 16 Pil 5: 42

| 11 Cicero Avenue, LLC | | |
|---|---|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now appears on o d Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Companies Florida document number L22000173972. | ny were filed on 04/11/20 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Liai | bility Company," the designa | tion "LLC" or 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) | <u> </u> | <u> </u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our record | s, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| - | | Florida |
| Non-Bosinson d Access Signature (Calculation Bosinson d Access d | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | gree to act in this capa te performance of my a s provided for in Chapt | uties, and I am familiar with and er 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C in amending Authorized rerson(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 |
|--------------|-------------------------|-----------------|----------------|
| AMBR | Lilyan E. Chrappa-Spool | 7334 Acorn Way | |
| | | Naples FL 34119 | ■Remove |
| | | · | □Change |
| MGR | Roger O. Spool | 7334 Acorn Way | = Add |
| | | Naples FL 34119 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: (optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 (if an effective date is instred in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. (b) The 90th day after the ord is filed. (a) 15/2023 (b) 15/2023 (c) 15/2023 | • | |
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| | ADEDCAMAFREARS Signature of a member or authorized representative of a member | |
| Roger O. Spool | | |

Filing Fee: \$25.00