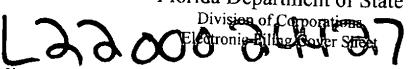
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000406972 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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C. BRUMBLEY

UEC - 5 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 DEC -2 MINIO OI SECRETARISEE, FAT

SAN GIUSEPPE DEVELOPMENT LLC

(Name of the Limited Liability Company as it:now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited L | iability Company | were filed on 06/03/202 | 2 and assigned |
|---|---------------------|---|-------------------------------------|
| Florida document number L22000244271 | | | |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new pame of | of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the | words "Limited Liab | oility Company," the designation | "LI.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 444 BRICKELL AVE | STE 828 |
| (Principal office address MUST BE A STREE | | MIAMI, FL 33131 | |
| Enter new mailing address, if applicable: | | 444 BRICKELL AVE | STE 828 |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33131 | . 012 020 |
| Withing maness man DEALOST OF FREE | 17077 | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| B. If amending the registered agent and registered agent and/or the new registered of | office address her | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 444 BRICK | (ELL AVE STE 828 | Aire |
| | | Enter Florida street a | |
| | MIAMI | City | Florida 33131 Zip Code |
| | | Cliv | aip cont |

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 to 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|---------|--------------------------|--------------------------|----------------|
| MGR | SCHIPPACASSE, MARCELO A. | 9507 PHIPPS LANE | |
| | | WELLINGTON, FL 33414 | ■ Remove |
| MGR | TAMPIED, MARCEL | 9507 PHIPPS LANE | |
| | | WELLINGTON, FL 33414 | ■ Remove |
| MGR | SCHIPPACASSE, MARCELO A | 444 BRICKELL AVE STE 828 | |
| | | MIAMI, FL 33131 | □ Remove |
| <u></u> | | | |
| · | | | □ Remove |
| | | | ☐ Add |
| | | | □ Remove |
| | | | Add |
| | | | ☐ Remove |
| | | | |

| f amending any other information, | enter change(s) here: (Altach ac | lditional sheets, If necessary.) |
|--|--|----------------------------------|
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| the date this document is filed by the Florida | ive date, if other than the date of filing: ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be discomment is filed by the Florida Department of State) | |
| Dated DECEMBER 02 | 2022 | |
| | Miluspace | |
| Sign | nature of a member or authorized represen | ntative of a inember |
| SCHIP | PACASSE, MARCELO A. | |
| | Typed or printed name of six | nee |

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