O 10/25/2022 6:15 AM

10/25/22, 9.13 AM

Division of Corporations

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.

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	Certificate of Status		
L	LC AMND/RESTATE/CORRE GRASS TAMAYO REAL ES		
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	al report mailings. Enter only 1 Address:	one email address pl	ease.
**Enter th	e email address for this busin	ess entity to be used	for fu
	Phone : (561)694- Fax Number : (561)214-		
	Account Number : CORPORATE Account Number : 110432003	053	MAL INC
From			
	Division of Corporations Fax Number : (850)617-	6383	355
			:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on or ited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comparing Horida document number L22000258640	any were filed on 06/06/20	22 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on our record	TALLAHASSEE, ALE new registered as enter the name of the new registered as enter the new registered as entered as	
agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Addiess.	Enter Florida str	eet address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compared to the pro	agree to act in this capac lete performance of my d	city. I further agree to comply with the attes, 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

Title	Name	Address	Type of Action
AR	Damian Grass	10869 SW 132 CIRCLR COURT	
		MIAMI, FL 33186	■ Remove
			□Change
			□Add
			□Remove
			□ Add
			□Add
			Remove
			Change
	 		□Add
			Remove
			Change
			□Add
			Remove

□ Change

			
		- .	
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable	date of filing or more than 90 le statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 ents, this date will not be listed as
document's effective date on the 12	variation of state a records.		
e record specifies a delayed effective rd is filed.	date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated October 25th	2022		
Dated October 25th	Ashley Perkins		
	signature of a member or authoriz	red representative of a member	er
Ashley Perkins, Attorney			
	Typed or printed	name of signee	

Filing Fee: \$25.00