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TO:	Division of Corpo	Registration Section Division of Corporations					
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SOBI	r.c.i:	Name of Limi	ted Liability Company				
The er	nclosed Articles of A	mendment and fee(s) are subt	nitted for filing.				
Please	return all correspon	dence concerning this matter (to the following:				
		MARIAPV	AWIVIA SAT	or filing. DIVIA SAT ame of Person T U C firm/Company T AVE STE C Address FERLIDA 330 26 State and Zip Code TA CCOUNTING COM at (954) 505-3219 Area Code Daytime Telephone Number 55.00 Filing Fee & Certificate of Status & Certified Copy additional copy is enclosed) Street Address: Registration Section			
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Enclo	sed is a check for the	e following amount:					
*	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
	Mailing Address	<u>:</u>	Street Address:				
	Registration S		•				
	District and Co.		Division of Corr	sorations			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 27 PM 12: 48 Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/17/2022}{}$ and assigned Florida document number <u>L22000</u> 276940 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 300 BAYVIEW DK APT 905 Enter new principal offices address, if applicable: SUNNY ISLES BEACH FLORIDA (Principal office address MUST BE A STREET ADDRESS) SAME AS PRINCIPAL ADDRESS 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, Florida ______ Zip Cock 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
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Effective date, if other than the (If an effective date is listed, the date means Note: If the date inserted in this I document's effective date on the I	plock does not	meet the applic	cable statutory f	or more than 90 day	(optional) s after filing. ts, this date) Pursuant will not l	to 605.0. be listed	207 (3) as the
the record specifies a delayed effection of is filed.	ve date, but no	ot an effective t	ime, at 12:01 a.:	n. on the earlier	of: (b) Th	e 90th da	y after ti	he
Dated TINE 23	; PD	, 202	<u>z.</u>		_ -			
	Signature of a	meniber or auth	orized representa	ive of a member				
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