9/15/22, 12:51 PM

Division of Corporations

## Florida Department of State Division (Corporation

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1121 NW LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1121 NW LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L22000277624	were filed on 06/17/	2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lish	ility company here:		
The new name traist be distinguishable and contain the words "Limited Liabi	iity Company," the design	nation "LLC" or the abbra	eviation "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)			<del></del>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	uddress on our recor	ds, enter the name (	of the new registere
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agricovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	ee to act in this capa performance of my o provided for in Chap	duties, and I am fam eter 605, F.S. Or, if i	illar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Yanet Avila

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	GOVEA, MARIA E, SR	10215 NW 62ND STREET	□Add
		DORAL, FL 33178 UE	=
			Change
AMBR	EKMEIRO, ALFREDO E, SR	10215 NW 62ND STREET	
		DORAL, FL 33178 UE	■ Remove
			Change
AMBR	Roca Group Development, LLC	10215 NW 62ND STREET	
		DORAL, FL 33178	□Remove
			☐ Change
AMBR	Star Marketing and Management LLC	2900 SW 28 TERRACE	<b>\$</b> Add
		STE 501	☐Remove
		COCONUT GROVE, FL 33133	☐ Change
			□Remove
			Change
<del></del>			□Add
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	tive date, if other than the date of filing:  [coptional]  Sective 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 605.00.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tited.
ated	Signature of a member of a member
	Signature of a mention of authorized representative of a member