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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

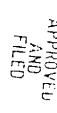
Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

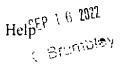
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOMINIO DE LA ESPRIELLA, LLC

Certificate of Status	, 0	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINIO DE LA ESPRIELLA, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/13/2022 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L22000289752 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." 248 Giralda Avenue Enter new principal offices address, if applicable: Coral Gables, FL. 33134 (Principal office address MUST BE A STREET ADDRESS) 248 Giralda Avenue Enter new mailing address, if applicable: Coral Gables, FL. 33134 (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: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	DE LA ESPRIELLA, ABELARDO	248 Giralda Avenue	□Add
		Coral Gables, FL. 33134	□Remove
			X)Change
AMBR	PINEDA, ANA L	248 Giralda Avenue	
		Coral Gables, FL. 33134	□Remove
			X]Change
			□Add
			□Remove
			[] Change
			DbbA
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			[] Add
			□Remove

_ 🗆 Change

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 11	e date, if other than the date of filing:
e record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	September 15 2022
	/s/ Caitlin Lazarus
	Signature of a member or authorized representative of a member
	Caitlin Lazarus, Attorney-in-Fact