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To:

Division of Corporations

Fax Number : (850)617-6383

. (030

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email Address: arod 8723 a gmail. com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VACMAN HOMES, LLC

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AUG 23 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

#### VACMAN HOMES, LLC

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

| The Articles of Organization for this Limited Liability Compar            | ny were filed on <u>07/05/2022</u> and assigned Florida           |
|---|---|
| document number L22000297642.   |   |
| This amendment is submitted to amend the following:                       |   |
| A. If amending name, enter the new name of the limited liab               | ility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                       | 150 SE 2 <sup>ND</sup> AVE SUITE 404                              |
| (Dalandard office address MUCTRE A CTREET ADDRESS)                        | 8414341 EL 27121  |

| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33131          |          |     |  |
|---|--------------------------|----------|-----|--|
|   |                          | · ·      |     |  |
| Enter new mailing address, if applicable:           | 150 SE 2ND AVE SUITE 404 | <u> </u> |     |  |
| (Mailing address MAY BE A POST OFFICE BOX)          | MIAMI, FL 33131          |          | . D |  |
|   |                          |          | •   |  |

| B. If amending the registered agent and/or registered office address on our records, | enter the name of the new res | <u>zistered</u> |
|--|-------------------------------|-----------------|
| agent and/or the new registered office address here:                                 | .> .                          |                 |
|  | 1                             | 7               |
|  |                               |                 |
| Name of New Registered Agent   | 75                            |                 |

6.3 New Registered Office Address: Enter Florida street address , Florida

### Cin 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.

Zip Code

To

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

13055036701

MGR = Manager AMBR = Authorized Member

| <u>Titie</u> | Name                    | Address                               | Type of Action |
|--------------|-------------------------|---------------------------------------|----------------|
| MGR          | FV Florida Building LLC | 4361 Pine Ridge Ct                    | Add            |
|              |                         | Weston, FL 33331                      | XRemove        |
|              |                         |                                       | Change         |
|              |                         |                                       | Add            |
|              |                         | · · · · · · · · · · · · · · · · · · · | Remove         |
|              |                         |                                       | Change         |
| MGR          | JUAN MARTIN MONTEVERDI  |                                       | Add            |
| ·            |                         | 150 SE 2 <sup>nc</sup> Ave Ste 404    | Remove         |
|              |                         | Miami, FL 33131                       | X Change       |
|              |                         |                                       | ⊡Add           |
|              |                         |                                       | □Remove        |
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|              |                         |                                       | □Add           |
|              |                         |                                       | □Remove        |
|              |                         |                                       | Change         |

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| D. If amending any other information, enter change(s) here  | e: (Attach additional sheets, if necessary.)   |
|---|--|
|   | AND THE PROPERTY OF THE PROPER |
|   |  |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior  Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records. | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) able statutory filing requirements, this date will not be listed as the   |
| If the record specifies a delayed effective date, but not an effective ti record is filed.  | ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated <u>Aug 21, 2023</u> .   |  |
| Signature of a member or author   | orized representative of a member  |
|   | ed name of signee N VACCA  |