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Division of Corporations



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M & L MIAMI ESTATES, LLC | | |
|---|--|--------------------------|
| (Name of the Limited Liability Company a (A Florida Limited Liab | it now appears on our records.) htty Company) | |
| The Articles of Organization for this Limited Liability Company we Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | s company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the a | bbreviation "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) | | |
| | ,,,,,,, | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>enter the na</u> | me of the new segistered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florido street address | |
| | , Florida | ₩ |

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

Zip Code

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 |
|-------|--------------------|-------------------------|----------------|
| AMGR | Pappas, Michelle C | 930 NE 108th St | ƏAdd |
| | | Biscayne Park, FL 33151 | 🗆 Remove |
| | | | Change |
| MGR | Carballo, Chris | 731 NE 80 St | 🗑 Add |
| | | Miami, FL 33138 | 🗋 Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ("ptional) (U so effective 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 505.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.ra. on the earlier af: (b) The 90th day after the record is filed.

, 2022 . Dated Multille C. Page

Michelle C Pappas

Typed of printed name of augune

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