10/19/22, 1.24 PM

Division of Corporations

## Florida Department of State Physicing Cover Sheet Florida Department of State Physician Filing Cover Sheet Physician Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1705 S.MIAMI 1380, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 8/12/2021	2 and assigned
Florida document number L22000355378		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
NA		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	2022 Sec.
(Principal office address MUST BE A STREET ADDRES		
		SSS
Enter new mailing address, if applicable:	NA	SSO ₹ III
Mailing address MAY BE A POST OFFICE BOX		
		202
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	, enter the name of the new register
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Florida stree	t oddress
		. Florida
· <del></del>	City	Zip Code

New Registered Agent's Stenature, 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.

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>	Name	Address	Type of Action
MGR	EDUARDO PEREZ	661 S. COLLIER BLVD	□Add
		MARCO ISLAND, FL 34145	≣Remov¢
			☐ Change
MGR	EDWARD PEREZ	661 S COLLIER BLVD	
		MARCO ISLAND, FL 34145	□Remove
			Change
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