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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10.	Division of Corporations	25 ~
	Fax Number : (850)617-6383	安設 一
From:		SSE A
	Account Name : US CONTADOR INC	
	Account Number : I2020000121	
	Phone : (770)928-2700	
	Fax Number : (888)772-8108	m —

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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Help

H22000373663 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL SE	HOPS LLC	OF S SSEE			
(Same of the Limited Liability Compa (A Florida Limited I					
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000390188}{1.22000390188}$.	were filed on	and assigned			
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 Liabit	hty Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	10425 NW 41ST				
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178				
					
Enter new mailing address, if applicable:	PO BOX 155				
(Mailing address MAY BE A POST OFFICE BOX)	DANIA, FL 33004				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	. Florida Zip Code				
	Ciţy	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity performance of my duti	. I further agree to comply with the es, and I am familiar with and			

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

AMBR = A	MBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action		
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). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing: ve 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 0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
the record s cord is filed	pecifies 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 O	TOBER 31ST / 2022 AUGUST AUGU
	Signature of a member or authorized representative of a member
	TOMAS MALIAR Typed or printed name of signee