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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number: 110432003053 : (561)694-8107 Phone

: (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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C. BRUMBLEY OCT 20 2022

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALDARIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aldarin LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L22000420479	iability Company	were filed on 09/28/2022	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	:able:		2022 SECT		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable:		1111 Brickell Ave. Ste	SSEE TO COMPANY OF SEE TO COMP		
(Mailing address MAY BE A POST OFFICE	BOX)	Miami FL 33131	7 3 C		
B. If amending the registered agent and/or the new registered office addre	ss here:				
Name of New Registered Agent:	CONSULTING	S SERVICES OF SOUTH	FLORIDA INC		
New Registered Office Address:	1111 Brickell A				
		Enter Florida street address			
	Miami	C':	, Florida		
N. D. La da mate Standard (Schooling	Donistano di Amerika	City	ир Сөас		
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	ee to act in this capacit performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is		
	4	1.4 ()	ERVICES OF SOUTH FLORIDA INC		
	Xan	By: Lauren Under	wood, Attorney-in-Fact		

If Changing Registered Agent, Signature of New 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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			□Add
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O 10/19/2022 9:46 AM

Effective date, if other than the date of filing:  [an 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 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date on the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated  October 19  2022  Haw Mal.  Signature of a member or authorized representative of a member						
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