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SECRETARY OF STATE

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TO:

Registration Section

Division of Cor	porations		
	ISLEDRIVE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHANIE SAENZ		
		Name of Person	
	SAENZ FINANCIAL AD	VISORS CORP	
		Firm/Company	
	6405 NW 36 STREET SU	ITE 116	
		Address	
	MIAMI FL 33166		
		City/State and Zip Code	
	<u> </u>	ASCONSULTANTS.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
STEPHANIE SAENZ		786 5274134	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	se following amount:		
	_	Ti des no citia a cas d	C CO OO Filing Fee
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Se	
Division of C	-	Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: F065F712-086D-43A2-9148-B5AA689CA403

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

328RIVERISLEDRIVE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/31/22 and assigned	
Florida document number L22000466906		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
328RIVIERAISLEDRIVE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	324 RIVIERA ISLE DRIVE	
Principal office address MUST BE A STREET ADDRESS)	FT LAUDERDALE FL 33301	
Enter new mailing address, if applicable:	324 RIVIERA ISLE DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	FT LAUDERDALE FL 33301	
3. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, <u>enter the name of the new regi</u>	
Name of New Registered Agent:		
New Registered Office Address:	N	
	Enter Florida street address	
	Florida	
	City Zip Code	

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.

DocuSign Envelope ID: F065F712-086D-43A2-9148-85AA689CA403 H an enoing Authorized rerson(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
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