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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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: | llefebvre@stearnsweaver.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE CHAPS DESIGN - 1 LLC

OEPARTITERS OF STATE OF STATE OF CORPORATION TALLANDSSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CHAPS DESIGN - 1 LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L22000469303	ere filed on NOVEMBER 2, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
BISCAYNE PARK DESIGN LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the at	breviation "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 add	ress on our records, enter the nam	e of the new register
agent and/or the new registered office address here:		123
		ت ر=
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		· > -
	Enter Florida street address	-
	, Florida	<u>+</u>
	City	Zin 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.

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 Title <u>Name</u> Address Type of Action \square Add Remove _____ ☐Change Remove □ Change \square Add □Remove _____ Change Remove _ Change _ □Add □Remove □ Change \square Add □ Remove

_____ □ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to dats of filing or more than 90 days after filing.) Pursuant to 605.020 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a not self-ective date on the Department of State's records. Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Attendary Time 21 Signature of a member of authorized representative of a member	
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Filing Fee: \$25.00