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Florida Department of State
Division of Corporations
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5400 RED ROAD, LLC

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OCT 31 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5400 RED ROAD, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabrielle M. Hasner, Esq

Name of Person

Therrel Baisden, LLP

Firm/Company

1 SE 3rd Avenue, Ste 2950

Address

Miami, FL 33131

City/State and Zip Code

ghasner@therrelbaisden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabrielle M. Hasner

305 371-5758

Name of Person

at ()

Area Code

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Enclosed is a check for the following amount:

\$25.00 Filing Fee

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\$60.00 Filing Fee,
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5400 RED ROAD, LLC

(Name of the Limited Liability Company as it now appears on our records; (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on effective as of January 1, 2023 and assigned Florida document number L22000498510

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1491 Hollow Tree Drive

(Principal office address MUST BE A STREET ADDRESS)

Pittsburgh, PA 15241

Enter new mailing address, if applicable:

1491 Hollow Tree Drive

(Mailing address MAY BE A POST OFFICE BOX)

Pittsburgh, PA 15241

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gabrielle M. Hasner, Esq.

New Registered Office Address:

1 SE 3rd Avenue, Ste 2950

Enter Florida street address

Miami

Florida 33131

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.

[Handwritten Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard G. Rovirosa Revocable Tr	5400 SW 86TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria T. Rovirosa Revocable Trust	5400 SW 86TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRA M. ROVIROSA	1491 Hollow Tree Drive	<input checked="" type="checkbox"/> Add
		Piusburgh, PA 15241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIANA M. ROVIROSA	3172 Jackson Avenue, Unit #6	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines provided for entering amendments or changes to the document.

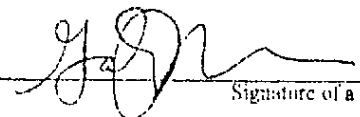
E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 30 , 2023


Signature of a member or authorized representative of a member

Gabrielle M. Hasner, Esq.

Typed or printed name of signee