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To:

Division of Corporations

Page: 1 of 4

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING HEART LLC

Account Number : I20220000077

: (954)673-6545

Fax Number : (954)827-3314

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SRSANTOLAYA 2 LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Page, 2 of 4

| SRSantolaya 2 LLC  |   |  |
|--|---|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | nny as it now appears on our records,)<br>Liability Company)          |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000500982</u> .  | were filed on DECEMBER  | and assigned                                 |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited lish  | oility company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or t                             | Le abbreviation "L.L.C."                     |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <u> </u>                                     |
| The Articles of Organization for this Limited Liability Company Torida document number L22000500982  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability for new name most be distinguishable and contain the words "Limited Liability for 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)  3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Tew Registered Agent and agree rovisions of all standes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office  |   |  |
| Fator new mailing address, if applicable.  |   |  |
| (Name of the Limited Liability Companitation for this Limited Liability Companitation for this Limited Liability Companitation for this Limited Liability Companitation document number L22000500982  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability can be a submitted to amend the words 'Limited Liability can be address, if applicable:  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)  3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered agent and agency of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office   |   | S C T  |
| granding and to the state of th |   | No.  |
|  |   | )<br>i: 21                                   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>enter the</u>                              | name of the new registered                   |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florida street address  |  |
| N  | , Florid  | 1Zip Code                                    |
|  | City  | Zip Code                                     |
|  |   |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as t<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change.   | performance of my duties, and La<br>provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| If Char  | pring Registered Apent Signature of New                               | v 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

Го: Division of corporations

| <u>Fitle</u> | Name          | Address                                | Type of Action |
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To: Division of corporations

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| e record specifies a de<br>rd is filed. | elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the             |
| 12/05<br>Dated                          | 2022  |                    |
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|   | Signature of a member or authorized representative of a member  |                    |
|   | Santy Romaid Santolana  |                    |

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