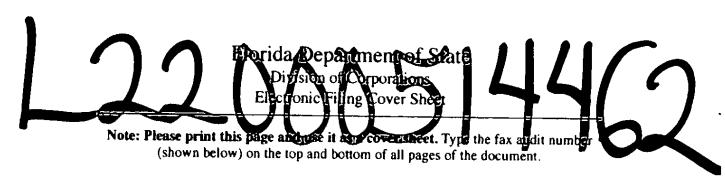
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		To:		हेता है। सामग्र
			Division of Corporations	2133
			Fax Number : (850)617-6383	SWI
		From	ı	
			Account Name : BSB CONSULTING SERVICES LLC	Pi o
_	_	Y A	Account Number : I20230000011	근록
<u></u>		500	Phone : (561)317-9598	
أبينا	$\frac{3}{2}$	8.5.5. 8.5.5.5.	Fax Number : (786)544-6051	,.,
	SE OL	97.8 19.7 19.7		
	6 -	Social Cannual	email address for this business entity to be used for report mailings. Enter only one email address pleas	or future e.**
	S	· See Broil 1	ddress:	
Ω	15 T	걸음글		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLAZA MAYOR INVESTMENT LLC

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M. SOLOMON

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COVER LETTER

H24000319209 3

TO: Registration S Division of Co					
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondence	ondence concerning this matter	r to the following:			
	·	Name of Person			
		Firm/Company			
		Address		2024 SEQ FAI	
		City/State and Zip Code		SEP 19	Herral Same
For further information of	E-mail address:	(to be used for future minual report notical):	fication)	2024 SEP 19 PM 12: 34 SEON MARY OF STATE TALLAMASSEE, FL	
Name o	f Person	at () Area Code Daytim	e Telephone Number	_	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certified C	of Status &	
	□ \$30.00 Filing Fee &	Certified Copy	Certificate Certified C	of Status & Copy	

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

H24000319209 3

PLAZA MAYOR INVESTMENT						
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	·····		
The Articles of Organization for this Limited I Florida document number 1.22000514462	Liability Company	were filed on 12/07/202	22	and assigned		
	 ,					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	weete "Limited Linhi	lin Comann, "the deciman	ion "I I ("" or the ukhou	intion "L. C."		
·		11263 nw 88th Terrace		anon c.c.c		
Enter new principal offices address, if appli		17205 HW OBIN TETTACE	. 17,741,71,00170			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		<u> </u>			
Enter new mailing address, if applicable:		3105 aw 107 th Ave . :	suite 603. Doral . H 🕄	2024		
(Mailing address MAY BE A POST OFFICE	BOX)		• .	<u> </u>		
	··· ·					
B. If amending the registered agent and/or	movietaned office	add-acc o- our -coord	(/ (/ c anton the name of	SER 19 P		
agent and/or the new registered office addre		Radress on our records	enter the name by	Z ω		
Name of New Registered Agent:	BSB CONSUL	TING SERVICES LLC		(f) -		
New Registered Office Address:	3105 nw 107 th	Ave , suite 603.				
THE PARTY OF THE P		Enter Florida stre	et address			
	Dorat		, Florida 33172			
		City	2	ip Cocke		

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:

→ 18506176383

MGR = Manager AMBR = Authorized Member

⊙ 09/19/2024 8:57 AM •

Title	<u>Name</u>	Address	Type of Action
AMBR	FERRER, MARIA	1200 ST CHARLES PL UNIT 211	
		Pembroke Pines, Fl 33026	■Remove
			□ Change
			□ Add
			□Remove
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			2004 SEE 19 Charles
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ective date, if other than t	he date of filir	ıg:			(options	l)	
effective date is listed, the date n	nust be specific an	d cannot be pr	ior to date of fil licable statute	ing or more than to	0 days after fili	ig.) Pursuant	to 605,0200 se listed as
ument's effective date on the	Department of	State's record	is.	,			
cord specifies a delayed effect filed.	tive date, but no	t an effective	time, at 12:0	l a.m. on the ea	ırlier of: (b)	The 90th day	after the
_ September 19	(2024		\			
ed			1)			
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Typed or printed name of signee