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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200000121 Phone : (770)928-2700 Fax Number : (888)772-8108

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MIAMI LAND 2023 LLC**

| Certificate of Status | ()      |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# MIAMI LAND 2023 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 w Florida document number <u>L23000059978</u>  | ere filed on                             | 023   | and assigned                   |
|--|--|---|--------------------------------|
| This amendment is submitted to amend the following:  |  |   |                                |
| A. If amending name, enter the new name of the limited liabili   | ty company here:                         |   |                                |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designa                    | ation "LLC" or the abbrevi                        | ation "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)   |  | · · · · · ·                                       |                                |
| mures was population of the bony   |  |   |                                |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  | dress on our record                      |   | the new registered             |
|  | Fiz                                      |   |                                |
| <del> </del>   | City                                     | , Florida   | p Code                         |
| New Registered Agent's Signature, if changing Registered Agent:  |  |   |                                |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my o<br>ovided for in Chap | luties, and I am famil<br>ter 605, F.S. Or, if th | iar with and<br>is document is |
| If Changi  | ng Registered Agent. S                   | ignature of New Register                          | <u></u>                        |

MGR = Manager

AMBR = Authorized Member

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Title | <u>Name</u>          | <u>Address</u>          | Type of Action |
|-------|----------------------|-------------------------|----------------|
| MGR   | HYDE, TINA           | 150 SE 2ND AV 3RD FLOOI | R 🗆 🗆 Add      |
|       |                      | MIAMI, FL 33131         | ≅Remove        |
|       |                      |                         | Change         |
| MGR   | HYDE, TINA           | 150 SE 2ND AV 3RD FLOOI | R □Add         |
|       |                      | MIAMI, FL 33131         | =Remove        |
|       |                      |                         | _ Change       |
| MGR   | FERNANDEZ, GONZALO I | 150 SE 2ND AV 3RD FLOOI | R EAdd         |
|       |                      | MIAMI, FL 33131         | □Remove        |
|       |                      |                         | □Change        |
|       |                      | <u> </u>                | □Add           |
|       |                      |                         | □Remove        |
|       |                      |                         | Change         |
|       |                      |                         | □Add           |
|       |                      |                         | □Remove        |
|       |                      |                         | Change         |
|       |                      |                         | 🗆 Add          |
|       |                      |                         | □Remove        |
|       |                      |                         | Change         |

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|               | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Effective (   | late, if other than the date of filing: (optional)  |
| 7144A         | (optional) e 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 (2 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective days on the Department of State applicable statutory filing requirements, this date will not be listed as the |
| document'     | effective date on the Department of State's records.  |
|               |   |
| e record sp   | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| nd is filed.  |   |
| MOI           | CL MPh Lot  |
| Dated         | /EMBER IST  |
|               |   |
| ,             |   |
|               | Signature of a member or authorized representative of a member  |
|               | GONZALO I FERNANDEZ   |
|               | Typed or printed name of classes  |