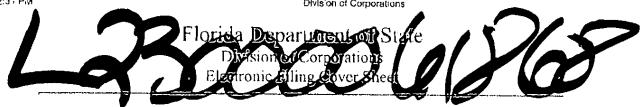
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Division of Corporations



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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

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5m-47	Addnass	,,,
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Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2341 DUPLEX LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	•
The Articles of Organization for this Limited Liability Con	npany were filed on 02/02/2023	and assigned
Florida document number L23000061868		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	- I commente i difference del conserva del c	
(Mailing address MAY BE A POST OFFICE BOX)		
5 7 6 1 1 1 1 1 1 1 1 1 1		2023
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	flice address on our records, enter the na	me of the new-registers
		1 .
Name of New Registered Agent:		o ::-
N D i. a. 100° a. 11.		. I
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Florida	
	, Fiditida _	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.

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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:

From: Yanet Avila

MGR = Manager AMBR = Authorized Member

To:

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VARGAS, LUZ M	3550 NW 85TH CT	
		APT 345 DORAL, FL 33122	□Remove
.	 		∃Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			IRemove
			Change
			□Add
			□Change
			□Add
			□Remove
			□Change

From: Yenet Avila

,	
•	
Note:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
ne recon ord is fi	d 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 led.
.	03/02/2023
Dated	
	VKup tur

Typed or printed name of signee